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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, by

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LECTURE XXVI.

SUPPURATIVE INFLAMMATION OF THE DERMIS.

THE pustular diseases of the skin are so obviously distinguished from those which we have already considered and those which succeed, that no difficulty can be experienced by the observer in recognising them. Their diagnosis, indeed, turns upon the definition of the term *pustule*,—a small collection of pus formed upon the dermis, and producing an elevation of the epidermis. By the older writers the term was used without discrimination to all elevations of small size, of the surface of the skin, whether such elevation were the result of effusion beneath the epidermis, or a solid swelling in the form of pimple; and from this loose application of the word much confusion has arisen. I am desirous of preventing any future misunderstanding with regard to the use of the term, and I think that this object may be easily attained by impressing on your minds the fact that a pustule owes its designation to the presence of pus. A vesicle is very clearly distinguished from a pustule by the difference in the nature and appearance of the fluid, but when the serous fluid becomes puriform the distinction is not so palpable, unless the vesicle have been observed from the first, or unless it be surrounded by other vesicles in an earlier stage of development.

Pustules were considered by Willan as of four kinds, which he designated respectively, psydracia, phlyzacia, achor, and favus. The two latter are not pustules, but are expressive of the appearance which favus exhibits in its earlier stages, and therefore should be discarded altogether as tending to produce confusion, or if retained, used solely in connection with the favous disease. The other terms, psydracia and phlyzacia, denote a greater or lesser degree of inflammation surrounding the pustule; psydracia, derived from *ψυχρα*, and *υδραχια*, frigidæ guttulæ, being "a small pustule, often irregularly circumscribed, producing but a slight elevation of the cuticle, and terminating in a laminated scab;" and phlyzacia, derived from *φλυζειν*, to be hot, a pustule "commonly of a large size, raised on a hard circular base, of a vivid red colour, and succeeded by a thick, hard, dark-coloured scab." Willan further remarks that "many of the psydracia usually appear together, and become confluent, and after the discharge of pus they pour out a thin watery humour, which frequently forms an irregular incrustation." The phlyzacious pustules, on the contrary, are, for the most part, discreet and disseminated.

The diseases which properly belong to the pustular group are two in number,—

Impetigo,
Ecthyma;

the former being the prototype of the psydracious, and the latter of the phlyzacious pustule. Willan assembles five diseases under his order Pustulæ, namely, in addition to the two preceding, porrigo, scabies, and variola. Porrigo is a most unmeaning and objectionable term; in Willan's classification it is synonymous with *miscellanea*, and since his time has been the stumbling-block of cutaneous pathology. No time should be lost in forgetting that such a term ever had existence, or, if it be retained at all, let it represent the unknown algebraic symbol for diseases of the scalp. Of the nature of scabies I have already said so much that I need not again point out the error which classes it either with vesiculæ or pustulæ; and variola has been already disposed of in its proper place, among the eruptive fevers. Rayer's group of pustulæ is still more heterogeneous than that of Willan; he also admits variola, and out of mere justice is constrained to allow varicella, vaccinia, and vaccinella, to follow. Next in order he places three dis-

eases of the sebaceous glands, namely, rosacea, acne, and sycosis,—strange companions for small-pox; then comes impetigo, then favus, a non-pustular disorder of the hair-follicles, and lastly, ecthyma. Nothing could be taken as a better illustration of the absurdities of an artificial system of classification than such an arrangement as this, and so long as the system is retained, the consequences must be the confusion which we daily meet with in practice.

In my comments on the general characters of the preceding groups of cutaneous diseases, I have endeavoured to point out a gradation of transition from one to another. Thus, the last disorder of the congestive group, erythema, passes by a very natural transition into the first of the effusive group, namely, pemphigus; pemphigus, again, is allied with herpes; and the last of the effusive group, eczema, is almost identified with impetigo, in eczema impetiginodes.

IMPETIGO.—CRUSTED SCALL.

Among other synonyms which impetigo possesses is that to which I have before alluded, namely, *psydracia*. It is named *crusted scall*, in contradistinction to eczema, the *humid scall*, and *crusted tetter*, to distinguish it from herpes, or common tetter, which never forms incrustations having the thickness and extent of those of impetigo. Another name given to the disease by Alibert is worthy of remembrance, inasmuch as it conveys a good idea of the appearance of the eruption in its crusted stage, when its brownish-yellow crusts bear resemblance to a layer of dried honey spread irregularly on the skin; I mean *melitagra*, which may be rendered—the honey disease.

Impetigo is a non-contagious inflammation of the skin, assuming usually a subacute type, and characterised by the eruption of small, flattened pustules, with little redness surrounding their base. The eruption takes place in thickly set clusters, which occupy a small extent of surface, or are distributed more or less generally over the surface of the body. Each pustule, taken individually, pursues a course of two or three days, and then bursts, and disperses its contents, which dry up into a rough, yellowish-brown, and more or less transparent crust. The inflamed surface beneath the crusts continues to pour out a purulent secretion which increases the incrustation and adds to its extent. The eruption of impetigo is usually successive, and may be prolonged from two or three weeks to as many months or years. It is rarely accompanied by constitutional symptoms, and when these exist they are for the most part mild and unimportant.

The essential varieties of impetigo are two in number, namely,

Impetigo figurata,
Impetigo sparsa,

to which may be added, as respective of degrees of severity and locality, the three sub-varieties,

Impetigo scabida,
„ erysipelatodes,
„ capitis.

IMPETIGO FIGURATA.

Impetigo figurata, the dartre crustacée flavescente of Alibert, is so named from the circumscribed form of the patch or patches in which it is evolved. The patches are for the most part, of a circular or oval shape; they are red and inflamed in the first instance, and as the disease advances become covered with pustules presenting every degree of size, from that of a pin's-head to a moderate sized pustule, and variously aggregated. In the course of two or three days the pustules are ruptured, and the yellowish, dried-honey-like crust is formed. The crust is further increased by the desiccation of the ichorous and purulent secretion produced by the inflamed surface. This secretion is poured out in very considerable quantity, rising up between the already formed crusts, and connecting them together, and flowing over their surface and increasing their thickness. When the patch is bruised or scratched, blood is sometimes mingled with this secretion, and discolours the crust, giving it in parts a deeper brown or blackish hue. When left to itself the incrustation remains attached for two or three weeks, and then falls off, leaving the skin beneath, tumid, red, exceedingly tender, and very susceptible of again taking on the eruptive state it provoked by irritation. Sometimes the surface is cracked and fissured, and remains in a painful and irritable state for a considerable period, producing thin secondary scabs, which fall off and are reproduced so long as the chaps remain unhealed. Surrounding the patches of impetigo figurata there are always a few scattered pustules which serve to indicate the nature of the disease, when seen for the first time in its crusted state.

Impetigo figurata naturally offers some modifications which have relation to the seat of its eruption or to the manner of its development. Thus, in some instances, we find it limited to a spot of small extent, as the prominence of one cheek, the chin, the lip, the nose, the eyelids, or an ear; while in others it fixes at once upon the entire face. When seated on a dependant part of the body, as the eyebrows or eyelids, the secretion which it pours out has a tendency to gravitate and drop. The desiccation of the discharge in this state, particularly when it surrounds a hair, has the appearance of an icicle or stalactite, and, in the poetic nomenclature of Alibert, gave origin to the species which he denominates *dartre crustacée stalactiforme*. Occasionally we find impetigo figurata spreading by its circumference while the centre is crusted and advancing

towards a cure; this is the state which has been very absurdly denominated *impetiginous ringworm*.

Instead of pursuing the definite course which I have just described, and progressing steadily towards a close, crop after crop of pustules is developed, and the disease is prolonged for months. In some instances this reiteration of the eruption is the consequence of a continuance of the cause which first excited the disease, while in others it is induced by an over-stimulating method of treatment. Occasionally the eruption of impetigo appears periodically, and recurs with regulated intervals for years.

When impetigo figurata falls into a *chronic* state, the integument is more or less deeply affected, it is thickened and chapped, and the sub-cutaneous tissues are infiltrated. In this condition pustules are no longer produced, excepting in the sound skin forming the circumference of the disease; and it is often difficult to determine the precise nature of the disease. The crusts continue to be formed by the desiccation of the morbid secretions which are poured out in considerable quantity; indeed, in some cases, the quantity of secretion is so considerable as to form a complete case around the limb, and constitute that variety which has received the name of *impetigo scabida*. A limb surrounded by a crust of this kind has, not unaptly, been compared to a branch of a tree covered by a rough and uneven bark.

IMPETIGO SPARSA.

The sparse variety of impetigo differs from impetigo figurata only in the more scattered distribution of the pustules. They are sometimes disseminated over an entire limb, or, at others, are limited to the neighbourhood of a joint. They run the same course with the pustules already described, and terminate in the same manner by crusts, underneath which ulcers are sometimes formed. Impetigo sparsa is most commonly met with on the lower extremities, and is occasionally associated with œdema. I have seen a copious eruption of impetigo sparsa around irritable ulcers, breaking forth from time to time, and keeping up inflammation of the limb for a considerable period.

Impetigo sparsa is more apt to degenerate into a chronic state than impetigo figurata. When this occurs the integument becomes thickened and infiltrated, and the collection of crusts which ensues assumes the characters of impetigo scabida.

IMPETIGO SCABIDA.

Impetigo scabida is merely an advanced stage of either of the preceding forms, and particularly the latter. The incrustation, from neglect, becomes so extensive as to cover the whole of the affected region, and sometimes encases a limb completely. In this state the limb has the appearance of a branch of a tree coated with a rough and fissured bark, and its movements are impeded or prevented. Whenever any forcible motion is made the crust is cracked, and the morbid secretions rise through the aperture and desiccate on the surface. These secretions are not unfrequently mingled with blood, and the incrustation is rendered, by this means, dark-coloured from point to point, and in some places black.

The incrustation of impetigo scabida, with its pent-up secretions, gives rise to considerable irritation and pruritus, and the integument, when the crust is broken or removed, is found to be tumid and inflamed, and excoriated by superficial ulcerations. Impetigo scabida is generally the consequence of neglect, and occurs in old persons and those of a cachectic state of constitution.

IMPETIGO ERYSIPELATODES.

When impetigo, instead of presenting the simple form, hitherto described, is attended with local inflammation taking on the characters of erysipelas, and much constitutional disturbance, the case is one of impetigo erysipelatodes. The course of the eruption is, in other respects, the same as that of the preceding varieties. The erysipelatous complication occurs for the most part in persons of irritable and weakly constitution and requires the treatment applicable to that disease.

IMPETIGO CAPITIS.

Impetigo of the Face.

Impetigo may affect separately the face or scalp, or both together. When the disease is developed chiefly on the face, and gives rise to an incrustation which covers the whole or the greater part of that region, it constitutes the *porrigo larvalis* of Willan—a most unmeaning and improper term; for, as I have before mentioned to you, a similar crust may be produced by eczema, particularly when the latter assumes the impetiginoid form; and porrigo larvalis, consequently, may be onewhile a pustular and another a vesicular disorder. Impetigo of the face is commonly met with in young children and children at the breast, hence another improper term applied to this disease, namely, *crusta lactea*. It is almost needless to observe that the eruption has no connection with the nature of the food, excepting so far as disturbance of digestion is a consequence; and I have now under my care a boy of seven years of age who is the subject of this disorder. Other terms, equally objectionable, applied to this disease, are porrigo favosa and tinea mucosa.

Impetigo of the face pursues the course which I have before described as the general habit of that disease. The integument is tumid and inflamed, and covered with numerous pustules containing a whitish pus. The excretion and desiccation of the purulent

fluid and the viscous sero-purulent ichor which succeeds give rise to much irritation and itching, and the attempts made to relieve the pruritus by rubbing and by the nails, cause excoriations and bleeding of the denuded surface; the effused blood, as commonly happens in impetigo, disfiguring the incrustation and making it deeper-coloured, brown, and in parts even black. When the crust falls spontaneously, and the tumid and congested skin returns to its natural state, no trace of the disease is left behind, however extensive it may have been; but when the surface is torn by the nails, cicatrices are produced, which leave a permanent imprint on the skin.

Impetigo may be located on any part of the face separately, as upon the eyelids, the nose, the lips, the cheeks, the forehead, the ears, or the chin, or it may occupy the entire surface. The extent occupied by the disease will, of course, modify its appearance, as will the greater or less thickness of the crusts; but some traces of the elementary form of the disease in the shape of pustules will always be found in the neighbourhood of the affected part.

Impetigo of the Scalp.

When impetigo attacks the scalp its effects are complicated by the presence of the hair, which serves to collect the morbid secretions, and by their inclusion to form a mass of incrustation of considerable density and thickness. I have sometimes seen a crust of this kind cover the entire scalp. When this occurs, the fluids accumulate beneath the crust and give forth an offensive odour, and pediculi are engendered in considerable numbers. When the crust is removed the scalp is found to be inflamed and tumid, deluged with purulent secretion, and, if the disease have been prolonged for any length of time, ulcerated. The continuance of the disease gives rise to thickening and infiltration of the subcutaneous tissues; abscesses are liable to form, and the glands in the course of the lymphatics of the head to become enlarged.

The presence of such a state of disease as that which I have just described necessarily gives rise to considerable irritation; the child complains of heat, pain, and tension of the scalp, and is vexed with constant pruritus. If the disease be left to itself it presents no disposition to take on a curative action, but continues for months and even for years. But however severe the local disorder may appear, there is rarely any constitutional disturbance, the general health appearing to be wholly unaffected.

When impetigo of the scalp continues for any length of time and affects the subcutaneous textures, the growth of the hair is interfered with and the hair falls out, and is not reproduced until the disease has subsided. It is not to be wondered at that under such circumstances the skin should be diverted from its natural functions, but no permanent injury is done to the hair-pulps, and although the previous seat of the disease is marked by bald spots for a considerable time after cure, yet the hair will return when the scalp and the system together have recovered their tone. The bald patches of impetigo are very irregular in their form, and the hair is rarely destroyed over the whole surface; a few hairs still remain, and here and there a small tuft.

Impetigo of the scalp not unfrequently takes on the character of impetigo sparsa, and then, instead of a patch of considerable size, or the entire scalp becoming uniformly affected, the disease is disseminated, and appears under the form of numerous small isolated spots. The crust of impetigo sparsa is relatively not so thick as that of impetigo figurata; it is friable and less compact, and is frequently broken into small masses, which, from their greyish colour, have been compared to particles of mortar intermingled with the hair. These particles, or granules, may be sometimes seen strung upon the hairs like beads, three or four deep. They have given rise to another of the misnomers of Willan, namely, porrigo granulata; and they constitute the specific character of Alibert's *teigne granulée*.

Impetigo sparsa of the scalp, like impetigo figurata, is more commonly met with in childhood than at any other period of life.

Diagnosis.—The distinctive characters of impetigo are its small psydracious pustules; the distribution of the pustules in clusters of various size; the abundant yellowish viscous secretion poured out by the exposed dermis, and the thick yellowish and greenish, or brown and grey crusts which succeed.

Impetigo of the scalp, the crusted scall, is distinguished from eczema, or the humid scall, by the former being a pustular and the latter a vesicular disorder. Impetigo is sometimes mistaken for favus, but a little observation will enable you to perceive a marked distinction between these diseases in all their stages, primary, secondary, and tertiary. In the latter, for instance, the bald patches of favus are more or less circular and accurately defined; if any hairs remain on the diseased spot they are twisted and discoloured, and if they have fallen the whole surface is equally denuded.

I cannot well conceive any mistake to occur in the distinctive diagnosis of impetigo when it affects the upper lip and chin of the adult, and sycosis; the former is a disease of superficial pustules of small size; the latter is a pustular disorder of the hair-follicles, is deep-seated, the pustules are large and prominent, the inflamed base indurated and thickened, and the scabs hard and dark-coloured.

Impetigo is sometimes a syphilitic eruption, and in that case is accompanied by

other signs of the constitutional disorder. The areolæ of the pustules are copper-coloured, or livid, and the solution of continuity is followed by deep and obstinate ulcers.

Causes.—Impetigo may be referred to causes of two kinds, local and general. Of the former kind are irritants applied to the skin, especially in persons in whom the cutaneous organ is particularly susceptible. Thus it occasionally results from the application of a poultice, or of stimulating unguents. Lime, sugar, metallic dust, &c., sometimes give rise to this eruption, as does the heat of the sun in the summer season.

The general causes of impetigo are, irritation of the mucous membrane; thus, the impetigo faciei of infants is to be referred to gastric or intestinal irritation, and that of children a little more advanced in years to similar conditions, and also to dentition. A scrofulous diathesis is particularly favourable to the development of this disease. In adults the eruption is not unfrequently associated with amenorrhœa, uterine irritation in other forms, or with the critical change of life.

The predisposing causes of this disease are undue susceptibility of the skin, irritability induced by existing disease, or unhealthy hygienic conditions. Of the latter class are imperfect ventilation, neglect of cleanliness, deficient exercise, heated apartments, &c. Where these hygienic conditions are present it is not uncommon to find impetigo assuming an endemic character, as in schools, workhouses, &c., and it is then apt to give rise to an unfounded suspicion of contagion. In our workhouses this disease is especially prevalent, and as its predisposing causes are not easily removed it is often obstinate and unmanageable.

Prognosis.—Impetigo is a troublesome and offensive disorder, but one by no means hazardous to life. It is especially obstinate when it attacks the scalp, particularly in scrofulous constitutions, and in this region may continue to rage for several years.

Treatment.—Our first indication in the treatment of impetigo is to reduce inflammatory action, and when this is effected, and the disorder assumes a chronic habit, to excite sufficient action to promote the cure. During the progress of the local treatment the general health must also be regulated, and laxatives, tonics, and alteratives must be had recourse to as the state of the patient may indicate. To subdue the local inflammation leeches are sometimes useful, but in most instances emollient and sedative fomentations or the vapour-bath may be found sufficient. In cases where the patient is plethoric much benefit is always derived by the abstraction of a few ounces of blood from the arm.

When excessive action is diminished you may apply one or other of the following remedies, namely,—the sulphuret of potash lotion, hydrocyanic lotion, weak solution of sulphate of zinc or nitrate of silver, oxide of zinc, or calamine ointment, acetate of lead ointment, white precipitate ointment, &c.

When the disease assumes a decidedly chronic character our measures must be more active. The vapour-douche is invaluable in these cases, and may be followed by stimulating applications, such as the nitrate of silver and nitric acid lotion, the nitrate of mercury ointment, creosote ointment, tincture of iodine, Peruvian balsam, tincture of catechu, &c.

I have now to tell you how you would deal with these cases in their crusted state; the incrustation must be softened either by water-dressing, by fomentations, by the vapour-douche, or by a poultice, and then carefully removed, and reproduction must be prevented by similar means. A little subcarbonate of soda in solution will greatly facilitate the dissolution of these crusts, and is only contraindicated when it increases the irritation of the skin. It is in this manner that you would get rid of the incrustation of crusta lactea, and then you would cover the surface with the liquor plumbi, or diluted zinc ointment, and protect it from the atmosphere by a mask of linen. Cleanliness and the prevention of the collection of secretions and the formation of crusts, are important steps in the cure of these diseases, and should be carefully attended to.

The treatment I have now described applies as well to the disease when it affects the scalp as when the face is its seat. The skin of the scalp, however, is less susceptible of impressions of irritation, and admits of the use of remedies which are more stimulating. It is essential, too, that in the case of the scalp the hair should be cropped, in order to prevent the accumulation of crusts.

I must repeat that local treatment alone will not suffice for the cure of impetigo, the erring organ or function on which the morbid diathesis depends, must be discovered and treated, and the general health must be restored. Sometimes an attack of impetigo acts the part of an useful counter-irritant, and its action cannot be checked without the substitution of some other means of waste to occupy its place.

M. Trousseau has cured an inveterate case of convulsions (eclampsia) in a child eight years old, simply by maintaining compression on the carotid arteries.

A Dr. Colombat, in the south-east of France, has, it seems, found out a royal road to cure stammering. At the end of June last he brought under the inspection of the French Acad. of Med. nine persons whom he had cured in a few days. We will soon lay his plan of treatment before our readers.

ON THE

PHYSIOLOGY AND PATHOLOGY

OF

THE URINE.

By George E. Day, M.A., L.M., Cantab., Physician to Finsbury Dispensary, &c.

(Continued from p. 368.)

In my last communication I endeavoured to explain the simplest method of estimating the most important constituent of the urine. I shall now proceed to show that it is impossible to give any *one analysis* which will represent with certainty the normal constitution of that important secretion. There is, in fact, no secretion of the animal body which is acted upon by so many disturbing forces, or so immediately influenced by them as the urine.

A comparison of the results obtained by some of our best chemists will at once illustrate this point.

The analysis of Berzelius, made more than thirty years ago, gave the following results:—

In 1000 parts of urine he found,

Water	933.00
Solid residue	67.00
Urea	30.10
Uric acid	1.00
Sulphate of potash	3.71
Sulphate of soda	3.16
Phosphate of soda	2.94
Chloride of sodium	4.45
Phosphates of lime and magnesia	1.00
Silica	0.03
Biphosphate of ammonia	1.65
Muriate of ammonia	1.50
Lactic acid, lactate of ammonia, animal extract, &c.	17.14
Mucus	0.32

This analysis, reduced to our proposed form, gives us the following results:—

Water	933.00
Solid residue	67.00
Urea	30.10
Uric acid	1.00
Fixed salts	15.29
Organic matters, &c.	20.61

Lehmann, who is well known for his researches in various departments of animal chemistry, has recently published an elaborate memoir upon the subject in the "Journal für Praktische Chemie." His results, in many respects, confirm the previous analysis of Berzelius.

In order to ascertain with precision the effect of a strictly *animal* or strictly *vegetable* diet upon the urinary secretion, he made, in the month of October, while living on his ordinary mixed diet, three complete analyses of his urine with which he might compare his future results. Upon the 10th of October he passed (in twenty-four hours) 898 grammes (or rather more than 28 ounces) of urine, of specific gravity 1022.2, the composition of which is expressed in the following table:—

Water	934.002
Solid residue	65.998
Urea	32.914
Uric acid	1.073
Chlorides of sodium and ammonium	3.602
Sulphates of soda and potash	7.289
Phosphates of soda	3.656
Phosphates of lime and magnesia	1.187
Free lactic acid	1.151
Lactates	1.066
Extractive matters soluble in water	0.591
Ditto, in alcohol	9.871
Mucus	0.101

Or, according to our arrangement,

Water	934.002
Urea	32.914
Uric acid	1.073
Fixed salts (and chloride of ammonium)	15.744
Organic matter, &c.	13.180
Loss	3.087

Upon the 15th of October he passed 900 grammes (or a little more than 28 ounces) of urine, of specific gravity 1019.2, the constitution of which is expressed in the following table:—

Water	937.682
Solid residue	62.318
Urea	31.450
Uric acid	1.021
Chlorides of sodium and ammonium	3.646
Sulphates of soda and potash	7.314
Phosphate of soda	3.765
Phosphate of lime and magnesia	1.132
Free lactic acid	1.496
Lactates	1.807
Extractive matter soluble in water	0.621
Ditto, in alcohol	10.059
Mucus	0.112

Or,

Water	937.682
Urea	31.450
Uric acid	1.021
Fixed salts (and chloride of ammonium)	15.857
Organic matter, &c.	14.185
Excess	0.195

Upon the 20th he passed 1088 grammes (or about 34 ounces) of urine, of specific gravity 1025.2, the composition of which is expressed in the following table:—

Water	932.019
Solid residue	67.981
Urea	32.909
Uric acid	1.008

Chlorides of sodium and ammonium	3.712
Sulphates of soda and potash	7.321
Phosphate of soda	3.989
Phosphates of lime and magnesia	1.108
Free lactic acid	1.513
Lactates	1.732
Extract soluble in water	0.632
Ditto, in alcohol	10.872
Mucus	0.110
Or,	
Water	932.019
Urea	32.909
Uric acid	1.098
Fixed salts (and chloride of ammonium)	16.130
Organic matter, &c.	14.859
Loss	2.885

The next analysis to which I shall refer is that of Dr. Thomson, originally published in vol. ii. of the "Records of General Science," and since reprinted in his "Animal Chemistry."

"I made an analysis of healthy urine, of specific gravity 1018.5, about the year 1824, and obtained from 1000 grains the following substances:—

"Phosphate of lime	0.209
Phosphoric acid	1.131
Sulphuric acid	0.481
Chlorine	5.782
Uric acid	0.242
Soda	4.610
Potash	2.051
Ammonia	0.130
Urea	23.640
	38.276

"And I considered that these substances were combined so as to form the following bodies:—

"Urate of ammonia	0.298
Sal-ammonia	0.459
Sulphuret of potash	2.112
Chloride of potassium	3.674
Chloride of sodium	15.060
Phosphate of soda	4.267
Phosphate of lime	0.209
Acetate of soda	2.770
Urea with colouring matter	23.640
	52.489

"The rest of this weight consisted of water, together with a free acid, which may be the lactic."

I have inserted this extract from Dr. Thomson's work because it contains the only attempt at a *perfect* analysis of normal urine ever published by a British chemist.*

* The analysis published by Dr. Christison in vol. xxxiii. of the Edinburgh Medical and Surgical Journal, can scarcely be termed a perfect one, seeing that one of the most important constituents, viz., the uric acid, is not estimated. The specific gravity of the urine was 1029 (the healthy standard, according to Christison), and from 1000 parts he obtained 67.7 of solid residue, of which 55.2 were due to urea, extractive matter, and lactates; 11.1 to combinations of muriatic, sulphuric, and phosphoric acids with soda and potash; 1.0 to earthy phosphates; and 0.4 to mucus. It was also found that 100 parts of solid residue were composed of 40 parts of urea, 17.5 of fixed (fire-resisting) salts, and 39 of extractive matter, and ammoniacal salts. With these data, there is no difficulty in arranging the constituents in the following tabular form:—

Specific gravity 1029.

Water	932.30
Solid residue	67.70
Urea	27.08
Fixed salts	12.10
Extractive matter, mucus, and ammoniacal salts	28.52

* Extractive matter is very judiciously arranged by Simon under these three heads: by "*wasser-extrakt*" is understood that portion of extractive matter which is soluble

In 1826 an analysis of healthy urine, of specific gravity 1016, was made by Dumenil, the constitution of which is given in the following table:—

Water	968.20
Solid residue	31.80
Urea	13.20
Uric acid	0.08
Extractive matter	2.09
Earthy phosphates	0.60
Phosphate of soda	1.03
Phosphate of ammonia	0.55
Sulphate of potash	2.69
Chloride of sodium	8.03
Chloride of ammonium	1.16
Phosphate of lime, oxide of iron, and sulphate of lime	0.18
Mucus	0.39
Loss	1.80
Or,	
Water	968.20
Urea	13.20
Uric acid	0.08
Fixed salts	12.53
Organic matters, &c.	5.99

The next analyses to which we shall advert are those of Simon (whose work on Medical Chemistry stands unrivalled, both for the number and accuracy of original analyses); they are five in number. In 1000 parts of the urine of a young man, aged 33 years, and of a sanguine temperament, he found (the specific gravity being 1011),—

Water	963.200
Solid residue	36.800
Urea	12.460
Uric acid	0.520
Alcohol-extract,* with free lactic acid	5.100

Spirit-extract	2.600
Water-extract and vesical mucus	1.000
Lactate of ammonia	1.030
Chloride of ammonium ..	0.410
Sulphate of potash.....	3.000
Phosphate of soda.....	2.410
Phosphates of lime and magnesia	0.580
Silica	A trace.

Another analysis of the urine of the same individual afforded the following results:—

Specific gravity 1012.

Water	956.000
Solid residue	44.000
Urea.....	14.578
Uric acid.....	0.710
Alcohol-extract and free lactic acid	4.800
Spirit-extract	5.590
Water-extract and vesical mucus	2.550
Chloride of sodium.....	7.280
Sulphate of potash	3.508
Phosphate of soda.....	2.330
Phosphates of lime and magnesia	0.654
Silica	A trace.

These two analyses, when arranged in our proposed form, assume the following appearance:—

Specific gravity....	1011.	1012.
Water.....	963.200	956.000
Urea	12.460	14.578
Uric acid	0.520	0.710
Fixed salts	11.190	13.770
Organic matter, &c.	10.140	12.940

Three other analyses of the urine of this individual were made by Simon. The urine marked α was voided upon rising in the morning (after having drank a glass of water the previous evening). Some coffee and a glass of water were then drank, and violent exercise taken for two hours, at the expiration of which period the pulse was 100, and irregular. The urine marked β was then passed, and after the lapse of half an hour he voided the urine indicated by γ. In all these cases the urine was clear, but β was more highly coloured than α or γ. They all indicated an acid reaction, γ the strongest, and β the weakest. Their constitution is expressed in the following table:—

	α	β	γ
Specific gravity	1010	1008	1014
Water	972.600	981.000	957.600
Solid residue	27.400	19.000	42.400
Urea	8.402	7.568	15.257
Uric acid, extractive matter, ammoniacal salts, and chlorides.....	13.960	8.618	19.140
Phosphate of soda	1.850	1.250	2.750
Sulphate of potash.....	2.790	2.200	5.000
Phosphates of lime and magnesia.....	0.479	0.264	0.656

The next analyses worthy of record are those of Lecanu, 120 in number. In his celebrated monograph upon this subject he has endeavoured to ascertain (1) the quantity of the urine secreted in twenty-four hours, (2) its colour, (3) its specific gravity, (4) the weight of urea secreted daily, (5) the weight of the uric acid, and (6) that of the fixed salts.

Simon has deduced the following table by taking the mean of a long series of observations recorded in Lecanu's paper. It must be premised that A represents the urine of a young man 20 years of age, of a lymphatic temperament; B represents the urine of a young man 22 years of age, of a strong constitution and of a sanguine temperament; while the urine C was from a man aged 38 years, of a good constitution, and of a sanguineo-lymphatic temperament. These men were leading active lives, and using an abundant and varied diet:—

	A	B	C
Water	930.00	928.80	928.30
Urea	30.00	21.88	27.80
Uric acid.....	1.12	0.97	1.21
Chloride of sodium	4.60	2.40	3.76
Alkaline sulphates	4.42	5.45	4.53
Phosphate of soda and ammonia	0.39	0.24	0.47
Phosphates of lime and magnesia.....	0.41	1.64	0.93

I must confess that I do not know how Simon has calculated the proportion of water, as sufficient data for that purpose do not appear to be given in Lecanu's essay, unless it is estimated from the specific gravity by Becquerel's table.*

A similar objection, of course, holds good to the following analyses of the urine of two

in water, but not in dilute alcohol; by "*spiritus-extrakt*" is meant that portion which is soluble in water, and in diluted alcohol, but which is insoluble in anhydrous spirit; while the "*alcohol-extrakt*" includes that portion which is soluble in water, in dilute and in anhydrous alcohol.

* That Becquerel's table has not been used for this purpose is, however, obvious. In the first place Simon does not believe in it,

women, the first (I) aged 28 years, of a sanguine temperament and good constitution, the second (K) 49 years of age, of a good constitution, and sanguineo-lymphatic temperament.

	I	K
Water.....	953.00	941.00
Urea.....	13.10	24.59
Uric acid	0.24	0.63
Chloride of sodium	0.17	0.80
Alkaline sulphates	2.25	7.85
Phosphate of soda and ammonia.....	1.15	2.43
Phosphates of lime and magnesia	0.46	0.62

The last researches that require to be noticed in this paper are those of Becquerel. From the analysis of the urine of four healthy men Becquerel was led to the construction of the following table:—

Specific gravity 1018.90.

Water	968.815
Solid residue	31.185
Urea.....	13.838
Uric acid.....	0.391
Inorganic (fixed) salts ..	7.695
Organic matter, &c.....	9.261

The urine of four healthy females gave the following result:—

Specific gravity 1015.12

Water	975.052
Solid residue.....	24.948
Urea	10.366
Uric acid.....	0.406
Inorganic salts.....	6.143
Organic matter, &c.	8.033

By combining these two means we obtain the average of eight analyses of the urine of adults in good health, without regard to sex. It must be observed, however, that the table, thus obtained, does not express the constitutions of the urine in early childhood or extreme old age.

Specific gravity 1017.01

Water	971.935
Solid residue	28.065
Urea.....	12.102
Uric acid.....	0.398
Inorganised salts	6.919
Organic matter, &c.	8.647

These analyses (all made by respectable chemists) are more than sufficient to illustrate the statement with which I commenced this paper, viz., that it is impossible for any one definite analysis to be always taken as the type of normal urine. My own analyses will be very briefly given in my next paper. It is sufficient at the present time to observe that they correspond much more closely with those of Simon and Becquerel than both those of Berzelius and Lehmann.

Southwick-street, Hyde Park-square.

(*To be continued.*)

and, secondly, if he did, the quantity of water is such as to correspond to specific gravity far higher than ever occurred in Lecanu's experiments.

GALVANO-PUNCTURE.

A French practitioner has detailed several cases illustrative of the efficacy of this agent in nervous diseases. A girl, twelve years of age, had been epileptic since her sixth year, in consequence of a fright received at that period; her fits were becoming more frequent. The practitioner in this case adopted galvano-puncture. A needle was placed in the integument of the epigastric region, and another in that immediately beneath the occiput, and either was connected with the wire from a voltaic battery. The first current was administered *at the time of an epileptic fit*, and was followed by an immediate return of sensibility. Next day another current was administered, and for the ensuing week no fit took place. On the eighth day a violent epileptic attack happened, and this was repeated eight days afterwards, on which two occasions the practitioner could not arrive soon enough to apply the remedy. The patient was now removed into the house of her medical attendant, who took opportunities to arrest the fits at their commencement by forming the galvanic circle, and no further attack ran its course until a month afterwards. This was the last, from which time, for six months following, the disease had not returned.

A young woman, subject to chronic gastritis, had been for two years tormented with hiccup, which persisted for an hour daily, and for which no remedy had been found efficient. The galvanic circle was employed, as in the above case, and the result of the first few applications was so successful that the patient ventured to leave them off, fancying herself cured. This was a mistake, the hiccup returned, and the remedy had to be applied again, daily, for about six weeks, after which no attack took place.

Similar success attended the same treatment for hiccup after typhus fever, but in this case, also, the necessity was signalised for persisting in the use of the remedy for a period without intermission.— *Journ. des Conn. Med. Chir.*

CONSUMPTION.

Sir J. Clark states that of 100 individuals simultaneously attacked with this disease, 8 had died within three months, 30 within six months, 52 within nine months, and 62 within a year. At the end of five years only 6 of the individuals attacked were living; and at the end of ten years, but 3; one of the latter seems, however, to have lived to nearly forty-five years after the first access of phthisis.

ON LITHECTASY,

OR THE

EXTRACTION OF STONE FROM THE BLADDER

BY

SLOW AND PAINLESS DILATATION.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your permitting me, through the medium of your widely-circulated Journal, to lay before the profession some details respecting the recently-introduced operation of removing urinary calculus by slow and painless dilatation. As the subject has often engaged my thoughts, many ideas of a practical nature have occurred to me, which those who have determined upon performing the operation may find an advantage in being acquainted with; and some mistakes may thereby be obviated which, otherwise, by detracting from the excellence of the operation or its reputation, at the outset, might retard its general introduction into practice. It is my object, by showing how easily and safely this operation may be performed (provided its great principle be attended to, namely, the avoiding of every sort of violence), that it shall not be confined, as the operations of lithotomy and lithotrity are, to hospital surgeons, or those practised in capital operations, and who have thereby acquired the confidence and presence of mind fitting them to contend with unexpected difficulties in the midst of suffering and danger, but that it shall be within the reach of every intelligent surgeon who will take the pains to make himself familiar with the use of the necessary apparatus. I am, Sir, your obedient servant,

JAMES ARNOTT, M.D.

Brighton, July 20, 1843.

The idea is very generally entertained that the operation for stone is not so fatal as heretofore, owing to the improvements of it in recent times, and particularly by continental surgeons. But the most recent statistical report of lithotomy and lithotrity, quoted in the last number but one of THE LANCET (page 511), from a French medical journal, and referring to the principal hospital of Europe, the Hôtel Dieu, of Paris, shows that of thirty cases in which these operations have been performed there during the last six years, twelve have died, or two in five; and of these a considerable number were children, in whom the operation is comparatively safe. Allowing that this is above the average rate of mortality, and estimating it at only half the amount, it is still frightfully great, and affords abundant reason for further investigation with the view of discovering a less fatal plan of treatment than any of those in use.*

The lateral operation of lithotomy has now been practised for about one hundred and fifty years. The Marian operation, or lithotomy by the apparatus major, which preceded it, and of which dilatation of the

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* Dr. Willis, who is our best authority on the statistics of the operations for stone, states that the mortality, after forty years of age, is "certainly not less than one in four." Amongst the numerous summaries given in his work "On the Treatment of Stone" of the results of operations at public institutions and in private, the following statement, by M. Velpeau, merits particular notice, as well on account of the importance of the facts related as from the character of the distinguished reporter:—"In a grand total of 1003 patients who have come under the hands of lithotritists, 616 only have been delivered of their calculi, and 387 have died, or have not been relieved." We learn from another statement by the same writer, that of 206 patients upon whom M. Civiale had performed lithotrity, 80 died (or nearly 2 in 5 die the same mortality as that reported above as having occurred at the Hôtel Dieu), and eighteen retained the stone, who would probably eventually be lost. An erroneous impression is too apt to be made on the public mind respecting the mortality from lithotomy by the often-vaunted success of some fortunate operators; and he performs an essential service to humanity who, by accurate inquiries into the records of hospitals, removes this baneful delusion. The records of private operations, or those published by individuals of their own success, are far from being of equal weight with those of public institutions. That of Mr. Martineau, for instance, one of the most celebrated English lithotomists of late times, is declared by him to have included every case brought for operation, and it is affirmed "that no selection of patients was made;" whereas we are informed by a witness, during many years, of this surgeon's public practice, and who is himself an eminent operator, that "he carefully selected his patients." Highly dangerous as these operations are proved to be by such statistical details, there cannot be a doubt that if their *remote* results were ascertained as well those that are *immediate*, it would be found that many apparent recoveries were only alleviations of misery, and that death has followed the operation at a later period. Such an investigation would, I apprehend, afford too much foundation for the opinion which M. Richerand has expressed, that "we cannot promise life, with final recovery, to above one half of all who are subjected to lithotomy." (Hist. des Progrès Recens de Chirurgie, 1825.)

more important parts, instead of cutting, was the professed principle, had been in use during a similar or greater period.

The Marian operation fell into disrepute because the laceration produced by the instruments intended for dilatation was supposed to be much more dangerous and painful than the division of the same parts by the knife.

In the estimation of the dangers of the old operation and the advantages of the new, there was doubtless much exaggeration. Le Dran mentions that of sixteen operations by the apparatus major, which he performed before numerous witnesses at the Hôpital de la Charité, in Paris, in the years 1728 and 1729, every one was perfectly successful, notwithstanding that in many of the cases the stones were unusually large, weighing from six to eight ounces. The average mortality from cutting has been already mentioned.

The original lateral operation, in which there was extensive incision of the inner parts, has fallen into disuse, principally from the circumstance that such incision permits the ready infiltration of urine into the cellular membrane surrounding the neck of the bladder, which becomes the source of violent and often fatal inflammation.

The present most approved operation of lithotomy, although still called the lateral operation, approaches more nearly, in all essential particulars, the old proceeding by the apparatus major. The main distinction between the two methods does not consist in the number or form of instruments employed, but in the purpose they are calculated to accomplish. The great object is to make a sufficient opening into the bladder, and this may be done either by cutting or by quick dilatation. Whether the sudden distention and laceration are made by a steel dilator, by a blunt gorget or wedge, by the finger, or by the forceps singly or while grasping the stone, is really a very immaterial circumstance. There is, indeed, a small incision made in the present operation, previously to the stretching, which determines the direction of the laceration, just as a notch is made in a piece of cloth previously to tearing it; but so was there also, latterly, in the Marian operation, under the name of the "*coup de maitre.*" By some operators this incision was not carried farther than the prostate gland (Bromfield cut the fore part of it), while others extended it along the whole of the prostatic urethra. The operation of lithotomy must, at any rate, be acknowledged to have retrograded to its state of transition between the old and new methods, and this has, perhaps, been wisely done; for it may be better that it should partake slightly of the evils of both than exclusively possess that of either in a great degree.

From what has the mortality in consequence of lithotomy and lithotrity principally proceeded? From inflammation, caused either by violence in opening a passage for the stone; or by the infiltration of urine; or by rudely acting with instruments on the sensitive and irritable coats of the bladder.

The sudden stretching and laceration produced by the apparatus major, when it was the ambition of the surgeon, as we are told by Le Dran, thus to remove stone within the minute, and that produced in the present day by operators who only slightly cut the prostate, and are yet anxious to put a period to the patient's torture by finishing the operation in the shortest possible time, are instances of violence. Large incision and the repeated operations of the lithotritist, are not less calculated to excite inflammation in the other ways mentioned.

Can stone be removed without violence, infiltration of urine, injury to the coats of the bladder, hæmorrhage, exhaustion from long-continued and severe pain, or other causes of death from the operations now and heretofore practised?

It can be so removed. And this may be effected by really doing that which the operators by the apparatus major only professed to accomplish, namely, by dilating the neck of the bladder and contiguous part of the urethra. But this must be done in a very different manner from that which they adopted. Instead of the dilatation being quick, and consequently painful, it must be slow and unattended with pain; and to accomplish this a very different means must be employed from any which they employed. Such dilatation cannot be made unless the pressure by which it is effected be perfectly equal, or applied to every part of the surface; unless it be of a continued nature, as from elasticity, and unless it be in the power of the surgeon or the patient himself to increase or diminish it immediately, and without irritation, according as the feelings of the patient or other circumstances may require. This combination of desirable ends cannot be attained otherwise than by a dilator constructed on the principle of fluid pressure.

The operators by the Marian method were not unacquainted with the fluid dilator. They, at least, were aware of the report by Prosper Alpinus, that some means of the kind had been used in Egypt; but, not understanding the principle of fluid pressure, they appear to have regarded the report as fabulous. Colot, the last celebrated operator by the apparatus major, in alluding to this reported Egyptian practice, says "there is no inflation, however painful it may be, capable of dilating the neck of the bladder sufficiently for the extraction of stone."* The

* "Il n'y a point de vent, quelque violent qu'il soit, qui en puisse dilater l'orifice pour en faire sortir la pierre." It is surprising

fact that a similar objection was at first made, even by surgeons of some note, to fluid pressure, as a means of dilating strictures, in the urethra and other canals, and this, too, long after the invention of Bramah's hydraulic press, will prevent any surprise at the incredulity of the Marian operators.

It was in the year 1819, while engaged with the subject of applying fluid pressure to the removal of strictures in the different canals of the body, and after ascertaining its vast superiority for this purpose to bougies and other ordinary measures, that the idea occurred to me of gradually opening the male urethra by the same expedient for the extraction of stone. I had, a short while before, witnessed the tortures of a friend who was labouring under stone, for which he had been unsuccessfully cut by an eminent provincial surgeon, and I had sent him a copy of my recently-published work on the various applications of fluid dilatation. He came to London, and soon afterwards, as has been related elsewhere, one of the suggestions in my work was acted upon under the liberal sanction of Sir Astley Cooper, who had the principal charge of the case; and a stone of considerable magnitude was extracted by dilatation, without his having endured pain, and without being followed by a longer confinement to the house than nine days.

In some remarks appended to the published account of this case the principle of the operation was stated to be to dilate slowly, and without causing pain or irritation to such extent as can be safely done; and then, if necessary for easy extraction, to break the stone or otherwise reduce its size.

I have traced, in another publication, the effects which the announcement of this extraordinary operation had in France (in this country it was not appreciated by those who had the opportunity of practically continuing the investigation), and only advert to the subject here for the purpose of remarking that, although M. Civiale in his *first* publication upon the removal of stone without cutting, recommended, as the first stage of the proceeding, the distention of the urethra by a *fluid dilator*, he soon dropped this first stage, and with the other French surgeons who simultaneously applied themselves to the subject, confined his attention to the second stage, or the mechanical diminution of the stone.

Whether this abandonment of dilatation arose from a misunderstanding of the nature of the instrument for fluid pressure, or from other reasons of a less reputable character, it is needless to inquire; but it is certain that by the rejection of the first stage the improvement was much deteriorated, and rendered only applicable to a minority of the cases of stone which occur.*

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that they who delight in illustrations of the adage that "there is nothing new under the sun," should not have fixed upon this Egyptian plan as a notable one in connection with the recent operation for stone. It would have been much more to their purpose than the suggestion of Mr. J. Douglas, in one of the early volumes of the "Philosophical Transactions;" for, though he recommends slow dilatation, he does not say how it can be effected, the means proposed by him being as inadequate for the purpose as the lately invented flying machine is to accomplish another very desirable object. There is a mighty distance between stating what is desirable and pointing out how it is to be accomplished. To take an example from the subject before us: it were much to be wished that the urinary calculus could be dissolved instead of being extracted by operation, but where to find the solvent is the difficulty.

The amusing circumstance connected with the subject is, that the erudition which has brought to light so many resemblances between former and present plans of treating urinary calculus, had its source in the endeavour of the supposed French originator of lithotrity to prove that he was not indebted to a modern and living writer for his instruments, but to "l'ancienne chirurgerie,"—the writings of the ancients. In evidence of this I have elsewhere brought together some curious facts, and can only venture (limited, as I am, in space) to notice here, in illustration of the carelessness or inaccuracy with which the French treat of such matters, that in the "Dictionaire de Medicine et Chirurgerie," and the article "Cystotomie," bearing the respectable signature of Baron Dupuytren, a suggestion of M. Guerin, to remove stone by slow dilatation, is mentioned as having been made in 1816 (four years before my publication on the subject), and as having been attended with numerous instances of success, although it was really only made in 1826!

* M. Dubois, in 1827, recommended performing lithotrity by inserting the lithontriptor through such a small opening ("boutonniere") made in the perineum, as I had proposed, for dilatation and lithotrity combined; and the suggestion is favourably received by the writers of the article "Lithotritie," in the "Dictionaire de Medicine et Chirurgerie," vol. xi. But M. Civiale was not likely, upon reflection (for at first he appears, by a statement in this article, to have commended it), to approve of a plan so well calculated to bring back the mind of the inquirer to the original and foreign operation. He accordingly assails it in one of his numerous publications, endeavouring absurdly to make it appear that any employment of the knife seriously alters the character of the operation, and omitting to state that though lithotrity has been termed a bloodless operation, the knife has

Having expressed the opinion that the discovery of an adequate means for fulfilling the indication of slow dilatation was the great desideratum, and that this can only be done by an instrument constructed on the principle of fluid pressure, I proceed to notice the successive improvements this instrument has undergone, with a view of fixing the reader's attention on particulars in its construction which I conceive are essential to its perfect use.

Fluid distention was, as the Arabians employed it, in its first and rudest condition. We are told by Alpinus that an extensible cartilaginous tube having been passed along the urethra into the bladder was inflated by the surgeon's breath, so as to open a passage for the removal of the calculus by suction. A tube, consisting of a piece of gut (and such probably was its nature) would soon yield where there was least resistance, and could not exert sufficient power.

The first and most obvious improvement consisted in giving the distensible tube another coat of firm and unyielding texture. A silk tube enclosed the piece of gut, prepared by stripping off its mucous and muscular coats, and this tube may be made either by sewing together the edges of a bit of rubber, or (as I have lately ascertained) by weaving it of the required dimensions. A silk tube of this description may be rendered sufficiently impervious as well as smooth by varnish, instead of a lining and covering of gut; and if covered with a little adhesive matter and rolled upon itself (as a sheet of paper is rolled) it has the size and resistance of the smallest bougie, and may be passed through the narrowest strictures. This modification is the last improvement the fluid dilator has undergone, as respects its strength and bulk, but in the extraction of stone it is not necessary that it should be smaller in its empty and compressed state than a large-sized catheter or bougie. Both ends of the distensible tube must, for this use of it, be tied upon a narrow silver tube or catheter, in order that there may be no impediment to the evacuation of the urine, the distending liquid being injected by a syringe through a separate tube soldered to the catheter.

Notwithstanding the care taken in the construction of the instrument, and particularly that the gut should be well supported by its silk tunic, much annoyance and discouragement were often experienced by the escape of the injected fluid, under considerable pressure, from the distensible tube or the different joinings; and when used for the extraction of stone, much irregularity of an injurious tendency was likely to result from this. After many years the idea occurred to me of substituting thick mucilage for air or water, and I found that this viscid substance will hardly escape through openings which would render the instrument useless were the other liquids employed.

The last improvement was a means of easily regulating the pressure. Injecting more fluid at intervals, and retaining it or allowing it to escape by closing or opening a stop-cock, is an imperfect mode of accomplishing this. By using a syringe, which has a piston-rod made in the form of a screw, the pressure can be regulated with the greatest ease by the surgeon, or in some cases by the patient himself. In cases of stricture of the rectum such a syringe may be conveniently attached to the fluid dilator by a long flexible impervious silk or caoutchouc tube, which prevents any motion of the syringe being communicated to the dilator, indicates by its hardness the degree of distention, and allows the syringe to be kept in a vertical position, in order that the air in it (which is necessary to keep up the elastic pressure) may be prevented escaping from the joinings or tubes. In dilating for stone the syringe should be of large size, or a vessel, serving as a reservoir of air and mucilage, may be attached by the medium of the flexible tube to the dilator.

(*To be concluded.*)

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been frequently used in it to open the orifice of the urethra.

If lithotrity, without previous dilatation, were to be continued in practice, it would probably be more safely performed in this way than when the whole urethra is subjected to injury from instruments or fragments of stone, and the operator is embarrassed in the use of his apparatus by the great length of the passage. By the pressure of a cushion surrounding the lithontriptor against the perineum, the necessary steadiness would be afforded and the injected liquid (mercury and water) retained.

EMETICS.

The use of these medicines in stimulating into action the *vis medicatrix naturæ*, has been amply proved in two cases occurring lately at the Hôpital de la Pitie, Paris. One was that of a man who had sustained severe injury on the head, followed by incipient inflammation, which several bleedings and the local application of ice employed throughout two days failed to subdue. A copious emetic was administered, and in less than twenty-four hours the symptoms had dissipated. The other case was that of a woman recently operated on for cancer, and afterwards the subject of a bronchitis so severe as to threaten a fatal termination. Bleeding was interdicted by the weak state of the patient, and a large blister on the chest proved useless. An active emetic of tartarised antimony, however, brought in its train a speedy cure.—*Gazette des Hôpitaux*, June.

CASE OF

UMBILICAL HERNIA

ATTENDED WITH UNUSUAL COMPLICATIONS.

By Robert Wade, Esq., Surgeon to the Westminster General Dispensary.

On the 6th of last April, at nine, a.m., I was requested to visit Mrs. A., residing in Porter-street, Soho, in consultation with Mr. Lenton, of Leicester-square. The patient, forty-five years of age, remarkably corpulent, was affected with the usual symptoms of strangulated hernia. Her bowels had not been satisfactorily relieved for a week; and during the last three days she had been much distressed by frequent attacks of stercoraceous vomiting; the pulse was small, ranging from 90 to 100, and the countenance pale, with an expression of great anxiety. On inquiry I learned that for many years she had been affected with an umbilical hernia, which was of the size of two-thirds of a large orange, having an irregular surface, with the skin over, and two or three inches below, the tumour, of a deep red colour, with considerable tenderness on very slight pressure. After a short trial of the taxis, having failed in causing any diminution of the hernia, my efforts for its reduction being necessarily confined within gentle limits, from the extreme tenderness of the tumour upon pressure, I proceeded at once to the usual operation, at which were present Mr. Lenton, Mr. Simpson, and Mr. Wm. Wade. An incision having been made across the centre of the tumour, and another from above, meeting the first so as just to avoid the umbilicus, the integuments were observed to be much attenuated, adhering firmly to the sac, which, when opened, presented a considerable portion of intestine and omentum, both of which had formed very strong adhesions, the former being of a deep reddish-brown colour, from congestion. The sac contained no fluid. By the assistance of a director passed over the upper portion of the protruded viscera, the linea alba was divided, with the curved blunt-ended bistoury, sufficiently to permit the finger to pass readily into the cavity of the abdomen, when a small fold of intestine, which appeared to have been recently forced down, was returned. The adhesions were too strong and general to be safely separated; there was, however, one part of the sac much thickened, of a hard fibrous appearance, that I was very desirous of detaching, but it adhered so closely and strongly to the intestine as to resist continued attempts for its separation, both with the finger and director. Fearing that any further perseverance in such attempts might cause a rupture of the intestine, and the gentlemen present feeling confident that the cause of obstruction had been effectually removed, the wound was closed with sutures and strapping, and the patient was directed to take a solution of Epsom salts in mint water every two hours.

I was sent for at six, p.m., and found the symptoms not in the slightest degree relieved by the operation. Having arranged to meet Mr. Lenton at nine o'clock, I merely directed the administration of a turpentine enema, which was to be repeated in an hour if the first should not act satisfactorily. At nine o'clock the patient had in no degree improved, but was, in fact, worse than at the time of the operation, both the exhaustion and stercoraceous vomiting having increased. It was now quite evident that the operation had done no good, the symptoms being those of obstruction rather than of inflammation; for, although the pain was at times severe, it had distinct intermissions, and was principally felt above the umbilicus, and arose apparently from spasmodic contraction of the intestine, vomiting of fecal matter, or retching, almost invariably, quickly following the paroxysm. Under these peculiar circumstances I determined to give my patient the only remaining chance of saving her life, by separating the hard fibrous portion of the sac from the intestine, for, although there should necessarily be great risk of rupturing the latter, that alternative appeared, at all events, preferable to the one of allowing the woman to die without any further effort for her relief. Having removed the sutures, the adhesions between the sac and intestine were found so firm that it was not without very great difficulty and perseverance that I succeeded in slightly separating them with my nail, and, at length, in passing on the point of my finger, upon which, with Sir A. Cooper's hernia-knife, the detached portion of the sac was divided. The wound was again closed with several sutures and straps of adhesive plaster, over which were placed a compress and bandage. Another turpentine enema was administered. On visiting the patient two hours afterwards I found that a considerable quantity of feculent matter had been discharged. There had been no further stercoraceous vomiting, and the pulse and countenance both indicated the great relief that had been obtained. A solution of Epsom salts in mint-water was directed to be given every three or four hours.

7. The patient had slept a little; the bowels had acted three or four times during the night; the tongue was but slightly coated; and the pulse 90, with no hardness. Half a grain of acetate of morphia was directed to be taken, and to be repeated in four hours if necessary.

8. Several hours refreshing sleep had been obtained; there was no abdominal tenderness, excepting in the immediate site of the wound; indeed, all unfavourable symptoms appeared to have subsided. The straps of plaster were removed, and fresh ones applied, but the sutures were left.

11. On removing the sutures to-day it was found that no union of the skin had occurred, and some parts of the subcutaneous cellular tissues were in a sloughy state. With the exception of the wound, however, the patient could not be going on better. A warm bread poultice was applied, with which was mixed some solution of chloride of soda.

15. The wound has been gradually cleaning, but some sinuses are observed extending deeply from its lower part; the appetite is good, and there is scarcely any constitutional disturbance. A compress with bandage was firmly applied over the sinuses, which were injected occasionally with solutions of sulphate of zinc and of nitrate of silver, sometimes with one and sometimes the other.

20. Although, with the exception of slight restlessness during the last three or four days, the constitution did not appear to suffer, yet, notwithstanding the most careful and continued application of pressure, the discharge having much increased, as also the sinuses, I thought it best at once to lay them freely open. On opening the first to the extent of about four inches it was found to communicate with a deep-seated abscess of considerable size, lined by a distinct cyst, from which several other sinuses branched off in various directions; these were all freely laid open. As it was highly desirable that as little blood as possible should be lost, several vessels which bled freely were ligatured. After such extensive incisions, in some parts two inches deep, and most of them gaping widely, the wound presented a truly formidable aspect. The sore was dressed with lint, dipped in warm water, with the addition of some solution of chloride of soda, and covered with a piece of oiled silk.

21. The patient expressed herself greatly relieved, having obtained a good night's rest, which she had not done for three or four nights previously. As it was evident from the appearance of the cyst that the abscess must have formed before the performance of the operation, I was induced to make some inquiries upon that point, and was then informed that a blow had been received upon the rupture three months before the strangulation occurred, the skin having been red and painful for some weeks past. The failure of union, and the sloughy state of the wound, were both now sufficiently explained.

24. No unfavourable symptom until last night, which the patient passed in rather a restless state, having felt a slight chilliness towards the morning, and the pulse had become slightly accelerated. The upper part of the wound had improved, but the edges gaped considerably, and the few granulations that appeared were very pale.

25. A distinct rigor, followed by increased heat of skin and acceleration of pulse, occurred during the night. On making firm pressure around the wound, pus escaped in four or five places. On examination with a probe it was found that these fresh sinuses, like the former, ran very deep; they were freely laid open, and were observed to communicate with a recently-formed abscess, surrounded by disorganised cellular membrane. The muscular tissue formed the floor of this abscess, under which were two other sinuses, which were carefully divided with blunt-pointed scissors. After these sections it was still found that on pressing one part a slight tincture of pus was apparent, but it was not until after very careful examination that the sinus from whence the matter issued could be discovered. At length the probe passed to the extent of four inches through a mass of thickened omentum, which was laid open on a director. Several vessels were ligatured, and each section was carefully dressed to its base with lint dipped in warm water, mixed with the solution of chloride of soda, and the whole was covered with lint moistened with the same solution, over which oiled silk was applied. A broad band was lightly passed around the abdomen, and an anodyne draught administered.

26. Rather a restless night, with a sense of chilliness, succeeded by increased heat; pulse 100; tongue slightly coated.

27. Better night, with less sense of cold,

28. Scarcely any chilliness during the night; pulse 94, and gaining strength.

29. A good night, with no feeling of cold. The wound is contracting, and has, generally, a favourable aspect; the nitrate of silver was freely applied to three or four parts that were irritable, and a solution of it, of two grains to the ounce, substituted for the chloride of soda dressing. It will scarcely be necessary to give the after history, no further difficulty having occurred, for the wound, considering its great extent, progressed most favourably, and was completely cicatrised by the 4th of July.

It will be seen that the case just described was one of rather unusual occurrence from its complication with mischief independently of the strangulation of the hernia, and it appeared to me that its publication might probably be attended with some degree of utility. I suspect that the hard, thickened portion of the sac, divided in the second operation, must have originally formed its neck, but which had been considerably dragged down by the protruded viscera. The case is particularly instructive, as illustrating the excellent effects of the free division of most extensive sinuses under rather unpromising circumstances, and which rapidly increased when treated by stimulating injections and pressure. There can be no doubt that the patient owes her life to the fortitude with which, subsequently to the

relief of the strangulation, she submitted to two severe operations for the division of the sinuses, which, considering their depth, number, and extent, will not often be met with, at all events, after operations for hernia. It was not without mature consideration, as well as some reluctance, that I determined on making the extensive incisions required for the efficient treatment of the sinuses, not, indeed, until it became evident that the mischief was hourly increasing under milder measures, and that in the more formidable and perhaps somewhat hazardous proceeding, consisted the only chance for the patient's recovery. It would be injustice to Mr. Lenton were I to conclude this report without most thankfully acknowledging his very valuable assistance throughout this protracted case.

Dean-street, Soho-square,
July 20, 1843.

DEATH FROM RUPTURE OF THE HEART, ATTENDED BY DISEASE IN THE BRAIN.

A WOMAN, fifty-six years of age, and the mother of several children, complained all on a sudden of feeling ill, sat down, and was instantly dead. At the necropsy the *veins* of the pia mater were found to assume a bluish-white appearance, looking externally as if injected with milk; they were indurated, partially ossified, particularly about the sella turcica, and here and there presented various swellings. Above the right ventricle of the brain a nearly circular cavity, as large as a nut, existed; the cortical substance of the anterior lobe presented an ulceration half an inch in length; and the surface of the brain was everywhere covered with a coat of brownish and granular-looking deposit. This extensive morbid condition of the encephalon appeared, notwithstanding, insufficient to have destroyed life, death in this case having clearly resulted from disease of the heart. This organ was found converted into a fatty substance, and its muscular structure softened, so as to be almost pultaceous. The inter-ventricular septum, at its lower part, exhibited an irregular rupture, about half an inch in length, and a little higher was a second slit, to which a clot was adherent. The particulars of the post-mortem appearances are not clearly given; but one rupture must have extended through the external wall of the heart, since the pericardium was greatly distended, containing about forty ounces of coagulated blood. Very little blood was found in the right ventricle, and the cerebral vessels were nearly empty. The woman is stated to have lived always in abject poverty, and for some years preceding decease to have been affected with pneumonia.—*Schmidt's Jahrbucher.*

CHRONIC LARYNGITIS.

M. TROUSSEAU has lately met, in the Hôpital Necker, with an instance of this disease in an infant at the breast, the only case of the kind which, as he states, he had ever seen in a subject so young. The child, nine months of age, had been wet-nursed in the country, but when returned to its mother, in Paris, it was suffering great oppression in breathing, the breast heaving anxiously, and a strong whistling sound being heard in the larynx. No respiratory murmur in the lungs perceptible; cough violent and hard; deglutition so difficult that the child, which was now brought up by hand, could swallow only liquids; respiration was painfully harassed in the night; pulse frequent, and some heat of surface; but no appreciable disease of the osseous system or swelling of the tonsils or lymphatic glands. The diagnosis of this species of laryngitis was difficult. It differed from ordinary croup in that it had lasted for a month; it was difficult to believe that it resulted from a phthisical affection of the lungs, and yet there was no trace that the disease was of a syphilitic nature in the previous habits of the parents, or the mode by which it had made its approach. Syphilitic laryngitis is almost always preceded by affections of the mucous membrane in the nose, palate, or pharynx. None existed in this case, nor could any taint be traced to the nurse who had suckled the child. Nevertheless, M. Trousseau held to the opinion that the disease was of a syphilitic nature from the method of its cure. He prescribed the inunction in the arm-pits, of about a drachm of mercurial ointment (*onguent Napolitain*) daily, together with a lozenge, containing three-quarters of a grain of calomel. In a fortnight a perceptible amendment had taken place, and in a month the child was well.

It must, nevertheless, be acknowledged that this affords no proof of the syphilitic origin of the disease, which, how much soever probable, is equally problematical as before.

DR. R. LEE gives a table of 38 cases of unavoidable hæmorrhage from placental presentation occurring in his own practice. Of these cases, 14 terminated in death at a period more or less remote, five of the deaths having taken place within two hours after delivery. One woman died undelivered, from the suddenness of the hæmorrhage, and before having been seen by any practitioner; and two died in four hours after delivery. One died from rupture of the uterus, and five from phlebitis and other forms of inflammation. The average of deaths to the total of cases was therefore somewhat more than 1 in 3, or only slightly above the average of fatal cases according to Dr. Churchill's estimate.

CASE OF

RETENTION OF URINE,

CARTILAGINOUS STRICTURE, ENLARGED PROSTATE,

DOUBLE INGUINAL HERNIA,

MEETING IN FRONT OF THE PUBIS.

PARACENTESIS VESICÆ.

To the Editor of THE LANCET.

SIR,—The complications of the following case may probably, in a practical point of view, be interesting to most of your readers. I have the honour to be, Sir, your obedient servant,

GEO. MACILWAIN.

Argyle-place, July 24, 1843.

My assistance having been required to a man labouring under retention of urine, I found, on examination, the following circumstances. His appearance denoted extreme old age, but he stated that he was not more than sixty-seven. He had laboured under difficulty in micturition for upwards of twenty years; but with the exception that on one occasion, at the commencement of his complaint, he had one instrument passed, he had never taken any professional advice. He had frequently suffered from retention, but had always found relief by taking a dose of Epsom salts. I found that his prostate was considerably enlarged, and that the stricture was near the membranous portion of his urethra. The bladder was greatly distended, having risen nearly to the umbilicus, and there were two inguinal herniæ, for which he had never sought any support, and which, though reducible, formed two large tumours, which met immediately above the symphysis pubis. As he appeared to be in an exceedingly low condition, and as my friend Mr. Wilson, of Doughty-street, with whose adroitness in manipulation with the catheter I was well acquainted, had failed in his endeavours to introduce it, I determined to be as expeditious as possible; I thought it right, however, to place the patient in a warm bath, and, as the bowels had not been moved, to administer an aperient with an enema. The result of these measures was that the bowels were opened, but the retention continued, and as my attempt to introduce the catheter proved also unsuccessful, I proceeded to puncture the bladder.

The site occupied by the herniæ would have led me to have preferred any other situation to that above the pubis, had it not been that the existence of an apparently impermeable stricture with enlarged prostate, and the low condition of the man rendered any other mode of proceeding out of the question. I therefore carefully reduced and secured the hernia, and selecting a spot a trifle above the usual situation made a very small division of the integuments, and plunged in the trocar about two-thirds, or rather more, of its length. On withdrawing the instrument no water flowed through the canula, wherefore, carefully maintaining the latter in its situation,* I again introduced the trocar, plunging it up to the shoulder, and now, on again withdrawing it, the urine flowed very freely through the canula. I introduced a varnished catheter, and secured it in the usual way. Although the patient's condition at the time of the operation allowed us to indulge scarcely any hope of success, yet he rallied considerably on the evacuation of the bladder, and on the following morning we were led to think that he might recover; towards evening, however, he again began to flag, and in spite of all the measures recommended to support him, he died about forty-eight hours after the operation.

On examination of the body extensive adhesions were found between the pleuræ; the other viscera of the chest and abdomen were healthy. The bladder (in appearance not unlike a gravid uterus) was enormously thickened, and of an exceedingly dense, firm structure; its mucous surface being thrown into large folds, resembling the carneæ columnæ of the left ventricle of the heart, and exhibiting in different parts patches of increased vascularity. The viscus contained a quantity of highly offensive muco-purulent fluid. The prostate was enlarged to double its ordinary size, and just in front of the membranous portion of the urethra there was a considerable thickening of the canal, of cartilaginous hardness, which had so nearly obliterated it that it would not admit a small probe. The gum catheter was fairly in the bladder, and no infiltration of urine had taken place. The herniæ on each side, which had existed fifteen years, were formed, that on the right by the cœcum, and on the left by the sigmoid flexure of the colon.

COMPONENTS OF LYMPH.

MM. GRUBY and DELAFOND have found that lymph received into a glass tube from the lymphatic vessels is at first a transparent liquid, of a light yellowish-grey tinge, but soon coagulates into a clot of serosity. The clot contains all the globules which the lymph contains, together with a coagulable and fibrillary matter; the serosity consists only of a limpid, colourless, watery fluid, comprising neither globules nor perceptible molecules of another kind.—*Gazette des Hôpitaux*, June 19.

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* I would impress the necessity of this caution on your junior readers should they meet with a similar occurrence, as neglect of it might give rise to serious inconvenience.

VOLVULUS.
INABILITY OF THE ILEO-CŒCAL VALVE TO PREVENT REGURGITATION.

To the Editor of THE LANCET.

SIR,—The following case came under my care some time since, and, as establishing the fact that the ileo-cœcal valve loses its power of preventing regurgitation in cases of inteatinal obstruction, it may prove interesting to some of your readers. I remain, Sir, your obedient servant,

H. C. ROODS.

Great Russell-street, Bloomsbury,
July 18, 1843.

Mrs. F., ætat. 40, who had recently recovered from an attack of typhus, was seized on Monday morning with pain in the bowels; she usually suffered from dysmenorrhœa, and, as her menses had appeared a few hours before, the pain was attributed to this cause, but its severity increasing as the day advanced she requested my attendance in the evening. I found her sitting on the edge of the bed, and evidently suffering from intense pain, to alleviate which she forcibly compressed the abdomen with her hands; the seat of pain was a little below the umbilicus, where she said it appeared as if her bowels were drawn up into a tight knot, which was alternately gradually loosened, and then suddenly drawn tight again. The countenance was expressive of anxiety and acute suffering; the tongue was clean; pulse soft, weak, and about 100; there were thirst, inappetence, and nausea, but no vomiting; the bowels had not been relieved during the day; there was no hernial tumour. About six or eight ounces of blood were taken from the arm, when faintness supervened and the pain ceased, but in the course of a few minutes it returned, slightly, and gradually increased in severity. She was then, as soon as it could be prepared, placed in a hot bath, when she again became faint and sick, and the pain was relieved. She was directed to take immediately five grains of calomel, with one of opium, and an hour afterwards an ounce of castor-oil, and if the bowels were not moved in the course of three hours an enema to be administered, and a draught of senna and salts taken every four hours, till relief was obtained. Fomentations to be applied to the abdomen if the pain returned.

On the following morning I learned that sickness had occurred at short intervals throughout the night; everything taken had returned immediately. The enema of oil and gruel was retained, and no evacuation of the bowels had taken place; the pain had returned, but was less severe than before the bleeding; pulse 70, soft and weak; skin cool; some thirst; the tongue slightly coated. Calomel and colocynth, five grains of each, immediately, and repeated six hours after; an ounce of castor-oil an hour after the pills (it was taken after the first pills, returned directly, was repeated, and again returned); an enema composed of an ounce and a half of castor-oil in a pint of gruel every four hours. Warm fomentations and an effervescing mixture were ordered. No improvement in the evening. Large quantities of stercoraceous matters were vomited during the night, and on Wednesday morning the patient was much the same as on the previous day; the pain continued, the tenderness had somewhat increased and extended, the pulse, tongue, &c., as before. Calomel, five grains every four hours. The warmth of the enemata affording temporary relief to the patient a pint of thin gruel was directed to be injected every two hours, and once in six hours an ounce and a half of oil to be added to it. No better in the evening. Continue remedies. On Thursday morning the patient was considerably worse; the stercoraceous fluid vomited during the night almost filled a full-sized chamber-vessel, and on the surface a large quantity of oil floated; this the attendants assured me had all come from the stomach, and they kept the whole that I might see it, as the circumstance of the oil being vomited both surprised and alarmed them, knowing, as they did, that the patient had swallowed none for nearly forty-eight hours, and what she then took returned immediately. The pulse had risen to rather more than 100; the abdomen was tympanitic, and excessively tender, so much so that the weight of the bed-clothes could not be borne; the legs were drawn up; the countenance was sunken, and expressive of extreme anxiety; thirst excessive, and the tongue thickly coated.

The case now appeared desperate, and, as a forlorn hope, I opened a vein in the arm, and took away about ten ounces of blood, when the patient fainted. She felt relieved, and a few minutes afterwards a loud rumbling of the bowels was heard, and before leaving the house I was informed that some flatus had passed per anum. I directed the calomel and enemata to be continued. On visiting my patient in the afternoon I had the satisfaction of finding her convalescent. She had passed a copious motion about half an hour after my departure in the morning; the pain had subsided, the tenderness diminished, and the sickness ceased; she had also had three hours of refreshing sleep. The treatment was at an end, and the patient speedily recovered her strength.

WHEN strabismus, in hydrocephalus of adult life, exists only to a slight degree, it is, I think, noticed better at a distance from than close to the patient.—*Dr. H. Kennedy.*

CASE OF SCROFULOUS ABSCESS OF THE TESTIS, IN WHICH CASTRATION WAS PERFORMED.

By George Langstaff, Esq., Surgeon, London.

A gentleman, thirty-four years of age, began, in 1838, to notice an enlargement of the right testicle, unaccompanied with pain. He had suffered from the effects of gonorrhœa, but never had hernia humoralis, and he could not recollect ever having received a blow or any injury on the part to cause the swelling.

In 1843 the testis began gradually to increase, without occasioning any pain, or affecting the general health; the only inconvenience complained of was caused by the weight of the testicle acting on the spermatic cord, which was easily obviated by a bag-truss. Leeches were frequently applied; afterwards mercury was given internally, and also applied to the affected part. This plan of treatment for a time seemed to have the effect of checking the growth; but, as the health of the patient became disordered, the treatment was discontinued.

There being every reason to believe the disease to be of a scrofulous character, iodine was prescribed and applied locally for a considerable time, without producing the desired effect, and the constitutional power became affected. This mode of treatment was then abandoned.

Tonics were next given, and straps of plaster applied round the testicle and spermatic cord. The health of the patient improved, but the bandage occasioned pain, and the swelling of the testicle increased. A hydrocele of considerable magnitude formed, and was tapped.

Mr. Aston Key was occasionally consulted, who considered it a scrofulous testicle, and not having yielded to the treatment employed, he advised its removal.

Having witnessed the baneful effects occasioned by the removal of a fungoid or scrofulous testicle, I thought it right to defer the operation until there was more positive cause, the spermatic cord remaining healthy. There was no recurrence of hydrocele after the tapping, except in two small spots, where there was fluid; the integuments of the scrotum, near the anterior surface of the morbid testicle became inflamed, an abscess formed, which I opened, and a considerable quantity of caseous matter escaped, which satisfactorily proved that the diagnosis previously formed was correct, and led me to entertain a hope that the diseased part would ultimately be destroyed by ulceration. The bulk of the tumour diminished, the opening in the integuments was kept open by the application of caustic; the cord continued healthy. There was firm adhesion between the external surface of the tunica vaginalis and the integuments of the scrotum surrounding the ulcerated opening to a considerable extent, and the skin became very dense and puckered.

At last the patience of the sufferer was completely exhausted, and, being a courageous man, he wished to have the part removed.

On the 10th of July I extirpated the testicle, assisted by my friend, Mr. Erasmus Wilson, and my son; the operation was borne with surprising fortitude. After securing the arteries, I brought the edges of the integuments together by several sutures, afterwards folds of lint moistened with cold water were applied. This plan was continued a week. There was no inflammation or swelling, nor any unfavourable symptoms. The wound healed by the first intention, except where the ligatures and sutures were applied. The sutures were removed on the seventh day after the operation, the ligatures came away on the fourteenth, and the patient went into the country the day following in good health and spirits.

The tumour was about the size of a duck's egg; it felt heavy and solid; the tunica albuginea and vaginalis adhered, except in two small portions, which contained fluid; this is a rare occurrence after tapping, injection not having been employed. A probe passed easily from the ulcerated opening in the scrotum into the diseased part of the testis. A section showed that there was a large scrofulous abscess in the centre, and a considerable portion of its structure was dense, the result of chronic inflammation, and only a small part of its natural structure visible. The vas deferens, where it arises from the epididymis, was obliterated, the remaining portion was pervious; the spermatic cord healthy.

Bordeaux for the Consumptive.—Dr. Pereyra, physician-in-chief at the principal hospital of Bordeaux, states that out of 900 patients under his care since 1830, 362 had been suffering from phthisis, of whom 243 had been discharged, 110 had died, and seven remained under treatment on the 1st March, 1843. At least half of the discharged patients were now in a satisfactory state of health; yet all had had ulcerated tubercles. Cod-liver oil and a tonic diet had been the chief means employed for cure. —*Gazette des Hopitaux.*

Disease of the base of the brain affects the intellect much less than when other parts of the brain are engaged, more particularly the upper surface. The optic nerves being so much engaged in hydrocephalus is a reason why the appearances about the eye should be so marked during life.—*Dr. H. Kennedy.*

EMPLOYMENT OF BLISTERS IN THE DISEASES OF CHILDREN.

To the Editor of THE LANCET.

SIR,—The excellent observations by Mr. Dendy in the last number of your Journal (p. 599), correspond so far with my own experience in the matter which he discusses, that I am induced to trespass upon your space with a few remarks upon the same subject. My talented preceptor, the late professor of medicine in University College, entertained a strong objection to the employment of blisters in young children, on account of the sloughings which he had seen as the consequences of their application, and recommended as a substitute for them the use of mustard poultices. Having had the opportunity at that period of my professional studies, as assistant to my late father at the University Dispensary (before the establishment of the University College Hospital), of witnessing their employment, more especially in the acute inflammatory chest affections of children, in which, after a due abstraction of blood, they are invaluable; and without this unfortunate result of their use, I was induced, with all due deference to my excellent teacher, to differ from him upon that point.

There is a vast difference between the appropriate use, and *abuse* of a remedial agent. The proper treatment of disease consists not simply in the exhibition of the remedy or remedies, which have been found by experience to be the best, but in the mode of their administration, as regards the intervals to be observed between their exhibition, the extent of each dose, and their due increase, as the case may indicate, and other not less valuable considerations. No one more forcibly and successfully impressed the importance of this principle upon his pupils than did Dr. Elliotson. (See his published Lectures.)

With respect to the employment of blisters in the treatment of the diseases of children, I can most confidently state that the sloughings alluded to have never occurred under my cognisance, when the precautions which I have observed have been attended to; and when I have met with them I have always detected, on inquiry, some deviation from the instructions given with their prescription, either in respect to the mode of dressing the vesicated surface, or as to the specified duration of time for their application. In a child below the age of four years they should be removed at the end of three or four hours, and a layer of fine tissue paper should be interposed; thus we obviate the occurrence of strangury, and other severe effects which present themselves when this safeguard is neglected. It has been my practice to employ blisters of larger size than usually adopted (4 or 5 + 3 or 4 inches), and I have reason to believe with a much better result; and never, in consequence of such practice, have I met with injurious effects when the precautions which I deem essential have been fulfilled.

With respect to the dressing for blisters in young children, and the same will hold good in adults of irritable habit,—not a particle of lard should be allowed to enter into its composition, as is too generally the case in the cerate of the shops; this ingredient being frequently rancid seldom fails in the more delicate class of our patients, and more particularly in those who are the subjects of the asthenic form of measles, scarlet fever, and pneumonia (occurring independently of those diseases), to produce vivid inflammation, with ulceration of the vesicated surface, inductive of much fever, and not unfrequently terminating in sloughing. For the same reason the oil that enters into the composition of the cerate should be quite free from rancidity. The dressing which I employ, and which forms a cerate of harder consistence than that given in the Pharmacopœia, is as follows:—Spermaceti, ℥ss; white wax, ℥iiss; the best olive oil, ℥iijss. The two former ingredients being liquefied in a non-metallic vessel by a gentle heat, the oil is to be added, and the whole to be stirred briskly until cold, to ensure an uniform mixture of the ingredients. At the end of three or four hours, I have, as frequently as not, found that the blister has not produced vesication; but a sufficient amount of effect has been left behind to promote a speedy blistering, so that on the removal of the first dressing we find generally that the cuticle has been freely raised by the effused serum. If we allow the blister to be applied longer than the specified time, in consequence of vesication not having taken place, much unnecessary suffering will be the consequence, much danger, and, in a certain proportion of cases, especially if, in addition, the quality of the dressing has been bad, death itself. The cerate should be of such consistence that you can only just succeed in spreading it upon old linen or lint. Kept in a glass-stoppered bottle under water, which has been boiled, it may be preserved free from rancidity for any length of time. In the treatment of cases of meningitis I have, after the requisite abstraction of blood, preferred the application to the shaved head of the ice or cold water Macintosh pillow to the use of blisters.

I am, Sir, yours faithfully.

JOHN HALL DAVIS, M.B.,
Physician to the Royal Maternity Charity.

Russell-place, Fitzroy-square,
July 24, 1843.

RUPTURE OF THE TENDON OF THE BICEPS.

By Robert Storks, Esq., Surgeon, London.

The following case of rare injury may be thought worthy of publication:—

July 19, 1843, I was requested to see Master Y., who had fallen from the arm of an easy chair half an hour before my arrival. In his attempt to save himself he had alighted with the whole weight of his body upon his left hand. On examining his arm he complained of great pain in the bend of the elbow, much increased by the slightest motion; I could detect no fracture or dislocation, but the mobility of the head of the radius was evidently abnormal; he was unable to flex his forearm upon the upper arm, nor could he supinate the hand; in addition a hard swelling, corresponding in position to the tendon of the biceps, could be distinctly felt in front of the joint.

I cannot but think this to be an example of a rupture of the tendon of the biceps, near or at its insertion into the tubercle of the radius,—an injury, to the best of my knowledge, very rare; for although the attention of the profession has been recently directed to the rupture and dislocation of the long tendon of the biceps, I am not aware of any surgical author who has described this particular injury.

I directed the arm to be kept in the bent position, with leeches and fomentations; considerable swelling supervened the next day, but as my patient was obliged to leave town I am unable to give any further account of this interesting case.

Gower-street, Bedford-square,
July 24, 1843.

A PATIENT WITH A LONG MEMORY.

At the battle of Ocana (Spain), a native surgeon was left in charge of a Polish officer in the French army who had been dangerously wounded. The surgeon dressed his wounds, and then, having been called to Madrid on duty, left his patient in the house of a lady, by whom the greatest care was taken of her guest. The officer recovered, and left to rejoin the army, assuring those who had aided him to regain his health of his perpetual gratitude. Thirty years had passed away, when, a short time ago, Dr. Hurtado, now one of the principal physicians in the Spanish capital, and who had been the surgeon performing the above duty after the battle of Ocana, received from Poland a remittance of fifty thousand francs (2000*l.*), bequeathed to him by Prince Brunowski, lately deceased, in Warsaw, and a similar sum was left to the lady above alluded to. It need scarcely be stated that the prince was no other than the officer who had been wounded, but whose "deadly wound was healed."

ANOTHER CURE OF HYDROCELE BY A STAB.

To the Editor.—Sir: The account of a cure of hydrocele by a stab, in The Lancet of last week (p. 579), reminded me of a similar occurrence which took place when I was in Calcutta, in 1835. A Sepoy, in a state of intoxication, repaired to the Soba Bazaar to purchase a pumulo, a species of fruit, similar to an orange, but generally about six times larger. The Hindoo who kept the shop very quietly informed the Sepoy that he had sold all his fruit of that description, and, of course, could not at that time supply him with one. The Sepoy became quarrelsome, and the Hindoo, in his turn, quarrelled with the Sepoy, stoutly denying that he had any pumulos in his possession. The enraged Sepoy then made a thrust with his bayonet at the Hindoo's langooty (a handkerchief, used for the purpose of concealing and supporting the scrotum, similar to a suspensory bandage), swearing that he had one concealed there; when, to the surprise of all present, the shop of the Hindoo was immediately inundated with water. The bayonet had perforated a very large hydrocele. The Sepoy was immediately taken into custody, and after he became sober expected nothing less than hanging for murder, but he was only slightly punished, and the Hindoo had the happiness, some time afterwards, of thanking the Sepoy for removing his "pumulo," *alias* curing his hydrocele. I have the honour to be, Sir, your very obedient servant,

P. Ingram, Surgeon.

Manningtree, July 25, 1843.

BALANCE OF PREVALENCE BETWEEN PHTHISIS AND INTERMITTENT FEVER.

France has three *bagnes*, or prisons for convicts, at Brest, Rochefort, and Toulon. Brest has a cold and damp climate, Toulon one warm and damp, and Rochefort a climate intermediate between the others, but this town is subject to marshy miasmata. Diseases of the respiratory organs are, among the convicts at Brest, one-half of the whole diseases occurring; at Rochefort they amount to 42 per cent.; and at Toulon to 39 per cent. The relative prevalence of phthisis does not follow in precisely the same order; at Brest consumptive cases are as 1 in 20, and at Toulon as 1 in 22, but at Rochefort they are not more than 1 in 35. This last town, in return, suffers most from intermittent fevers, which, as compared with the total cases of disease, occur among the convicts in the proportion of 1 in 3¼ cases. This result corresponds with what has been observed as a general rule on some of the shores of the Mediterranean, viz., that the prevalence of phthisis and of intermittent fevers are in inverse ratio to each other.—*Gazette des Hopitaux.*

THE LANCET.

London, Saturday, July 29, 1843.

In calling attention, as we last week promised, to some of the "OLD FRIENDS WITH NEW FACES," to whom we then referred, we shall, for obvious reasons, not follow any exact order of presentation, but shall introduce them in chronological succession, or in the sequence that is best suited to the illustrations that we have proposed; or else in an insulated form, just as they may occur to us. Following the last-named method,—or what must, perhaps, rather be regarded as a deviation from method,—we shall, on the present occasion, direct attention to the medicinal applications of *galvanism*, as adverted to by the Greek and Roman writers on medicine.

"Galvanism applied to medicine by the "Greeks and Romans! Why, the existence "of any such principle was not known until the year 1790!" Very true. Yet that galvanism was, virtually, applied by the ancients to the treatment of disease, we now propose to demonstrate, citing, with that view, certain passages from Greek and Roman writers, and translating them for the benefit of all Fellows of the London College of Physicians and other unlearned persons who need English versions thereof.

There is a certain living voltaic battery called a *torpedo*. The ancients were acquainted with that fish, and were in the habit of employing the shock which it communicates as a remedial agent. The following passage of GALEN is in several respects remarkable:—

"Some persons think that certain bodies can affect others in their vicinity by contact only, in consequence of the mere force of their virtue, and that this is plainly shown in the case of the marine torpedo, the power of which is so great that when it is transmitted to the hand of the fisherman through his spear, it suddenly renders the whole hand torpid. From these conjectures it is easily understood that certain things of small bulk induce, by contact alone, the greatest alterations, as may be seen, also, in the Heraclean stone, which is called the magnet; for iron which it has touched adheres to it without any fastening; then if another piece of iron touch that which was first touched, it will adhere to it as the first did to the magnet; a third piece of iron will, in like manner, adhere to the second, so as to make it evident that most intense powers reside in certain substances."—GALEN, "De Locis Affectis," lib. vi., c. 5. Edit. Basil, Græce, 1538.)

We have here three things worthy of notice: first, a recognition of the power that has since been known as animal electricity; secondly, a knowledge of the fact that this power is capable of transmission through a conducting medium; and, thirdly, a conjecture of its affinity to the magnetic power. In another place the same author says,

"But some persons write that a whole torpedo (I speak of the marine animal) will cure headach when applied to the part, and will cause a prolapsed anus to return. But I, having tried it in both cases, found the assertion true in neither. Bethinking me, however, that the fish should be applied to the aching head alive, and that it might have an anodyne power, and allay pain like other things which obtund the sense, I found such to be the case."—("De Simpl. Medic. Facult.," lib. xi. Ed. cit., tom. ii., p. 150.)

ÆTIUS writes to the same effect:—

"The torpedo, applied alive, cures chronic headach, and causes the prolapsed anus to return. When dead, it produces these effects either not at all or only in a small degree." ("Lib. Medicinal," lib. ii., c. 185. Ed. Ald.)

SCRIBONIUS LARGUS, a miserable Latin writer, of the age of CLAUDIAN, recommends the application of torpedos, both in headach and in gout:—

"A headach, however inveterate and intolerable, is immediately removed, and permanently cured, by placing a live black torpedo on the painful part till the pain cease and the part become benumbed. As soon as these effects have taken place, the remedy should be removed lest the sensibility of the part be destroyed. Several torpedos of this kind should be procured, because sometimes the cure scarcely responds to the action of two

or three, that is, the torpor which is the sign of the cure."—("Compositiones Medicæ," c. i. Apud Medicæ Artis Principes, 1567.)

"In both species of gout (the hot and the cold, to wit) a live black torpedo should be placed under the feet, the patient standing, not on a dry shore, but one washed by the sea, till the whole foot and leg is benumbed, up to the knees. This both removes the pain at the time, and prevents its future return."—(Op. cit., c. 41.)

Marcellus Empiricus, who, unless there has been some confusion of manuscripts, is the most impudent of plagiarists, has copied whole passages from Scribonius, without acknowledgment; among others, the two just quoted, the former *verbatim*, the latter, nearly so.

So much for torpedos. It is not to this apparently whimsical remedy, that we now request attention, but to the facts that the activity of galvanism on the human system, and its applicability to medicine, were known to the experience of the ancients, although the principle of galvanism was unknown to their philosophy. Might not the intelligent perusal of the first passage that we have quoted from Galen, have led to the discovery of the galvanic power before the latter end of the eighteenth century? Is not a germ of electro-magnetism also to be found in the same passage? It may, however, be asked on the other hand,—If galvanism had been discovered and applied to medicine sooner than it was, would the latter science have been any great gainer thereby? Do the trials that have hitherto been made of electricity, as a therapeutic agent, justify us in reposing much confidence in its powers? We answer that it has not yet received a fair trial, having, in a majority of instances, been unscientifically and inefficiently applied. Some of the results that have been obtained have, nevertheless, been sufficiently striking. It is probable that a very moderate galvanic influence, sustained for a length of time, will be found of more extensive utility than the more intense but transitory application of the same agent in the way of shocks; but we cannot persuade ourselves that an agent which so powerfully affects the nervous system, as well as the coagulability and other properties of the blood, would not, if we knew how to handle it properly, admit of very important applications to the treatment of disease.

Annales Medico-Legales Belges. Edited by Dr. Crommelinck. Tom. ii. Brussels: 1843.

This weekly periodical, which is now in the second year of its existence, professes to devote its pages almost exclusively to the consideration of cerebral and nervous diseases connected with insanity, and to medical jurisprudence in its most extended sense, with occasional supplementary treatises on medicine and surgery by native practitioners. The editor visited England, France, and Germany some short time ago, with the view of inspecting the various madhouses in those countries, and the results of his observations were thrown into a report, addressed to the Minister of the Interior belonging to the Belgian Government. This report, republished in the "Annales Medico-Legales," has been favoured by a most laudatory notice in the "Medico-Chirurgical Review," a large portion of which, with other puffing notices, Dr. Crommelinck has extracted for the edification of his readers,—a proceeding not very worthy of a high-minded professional man, and by no means calculated to make Englishmen believe him to be the "great original he draws." In truth, these Medico-Legal Annals, containing, withal, a few really good papers (for instance, an account of the lunatic asylums in Italy; a memoir on the morality of artificially inducing premature labour; and a valuable essay by Dr. Bougard on delirium tremens), are well calculated to exercise over their readers a mighty somniferous influence; and, however valuable and original Dr. Crommelinck's services may have been as the author of both the "Report" most audaciously quacked in several numbers of the work before us, and of the "Manual of Anatomy," not less emphatically eulogised under its author's superintendence, we must say of him as the editor of the Annals in question,—"Aliquando bonus dormitat Homerus." Homer will forgive us. We notice, too, a rather

braggart spirit occasionally and offensively peeping out, which is truly Belgian, and reminds us not a little of that immortal monument of Quixotism, "aux braves Belges," on the field of Waterloo.

QUARTAN AGUE.

To the Editor of THE LANCET.

SIR,—In a late number of your valuable Journal I perceive that a correspondent, after having tried liquor arsenicalis and emetics in a case of quartan ague, as well as quinine, invites the attention and suggestion of your readers to the case. Not being acquainted with the particulars of the case, it would be improper to recommend any particular medicine or treatment, unless it should be of the homœopathic kind, as we know those to be harmless; allow me, however, to call the attention of your correspondent, and the profession in general, to the use of *l'hydro-ferrocyanate de quinine*, the use of which remedy originated, I believe, in Italy. Dr. G. Cerioli (Archives Générale de Méd., December, 1832) used it there in several instances with great success, particularly where, at one and the same time, a remedy was wanted tobe not only a febrifuge, but also an antiphlogistic,—where the fever was connected with an inflammation in some organ or another. He mentions twenty-four cases, in all of which sulphate of quinine had been administered without benefit; but in all of which he succeeded in effecting a perfect cure by giving from two to eight grains of the above-mentioned remedy, throughout the day, in six pills, with roob. sambucci; nor did he ever observe any of those exacerbations which generally occur after the use of sulph. quinine. Leaving to the discretion of your readers the propriety of a trial of this remedy, I remain, Sir, yours truly,

C. P. P. F. REIERSEN, M.D.
Broome-street, New York,
June, 1843.

TREATMENT OF CROUP.

To the Editor.—Sir: Dr. Copland, in his (still unfinished) dictionary, article *Croup*, incidentally mentions, under the head of "Treatment of Complicated and Consecutive Croup," that the vapour of camphor, warm vinegar, &c.,* may be resorted to. It may not, perhaps, be generally known that the inhalation of the vapour of hot vinegar may be had recourse to in the earliest stages of common inflammatory croup, with perfect safety, and the greatest advantage to the patient. I do not affirm that it will cure the disease, but I know of no remedy for this formidable malady that so promptly relieves the harsh ringing cough that is peculiar to it, as the vapour of hot vinegar. In the absence of an inhaler a teapot will serve as a convenient substitute, and it has the recommendation of being always at hand. The task of explaining the *modus operandi* of the remedy I leave to others; I have often witnessed and can vouch for its efficacy. If administered on the Hahnemannic principle, "similia similibus, &c.," I would not recommend its use in Hahnemannic doses. I am, Sir, your obedient servant,

H. C. ROODS.
Great Russell-street, July, 1843.

* To which might be added tar, long since proposed by Mr. Wansbrough.—ED. L.

MEDICAL CLASSES AT EDINBURGH.

To the Editor.—Sir: Permit me, through the medium of your pages, to correct a mistake which appeared in THE LANCET of the 8th inst. As an answer to a question, Why so many students go to other universities in preference to that of Edinburgh, it is there stated that the reason is "because the classes of Drs. Hope and Monro are imperative on students graduating, for it was the *cheapness of college classes*, the small expense of living in Edinburgh, and the fame of the professors, all combined, that rendered the university so desirable a place for many of the pupils."

I do not intend to deny the statement of your correspondent respecting the professors of chemistry and anatomy, nor that of the acknowledged fame of many of their colleagues; but, with regard to the *cheapness of college classes*, there appears to be some misunderstanding. I believe it will be found that perpetual tickets to the lectures required by any of the public boards, may be obtained in London at the most respectable schools, viz., at University and King's Colleges, or at the Borough hospitals, on terms quite as low as in Edinburgh University. In the latter place the hospital practice is not quite so expensive, but then it must be remembered that clinical lectures are not included in the hospital fee, as in London. Therefore, taking all together (of course excepting lodging), the education in the latter place is not more expensive than in the former.

I would take this opportunity of calling the attention of those gentlemen who are connected with the College of Surgeons and Apothecaries' Hall, as members of the council or examiners, to the very shameful practice of several London grinders. It is a notorious fact that these men frequently give certificates of attendance on certain lectures which an applicant requires to fill up his schedule, dated to suit convenience. Surely there is much need of reform in medical education. I am, Sir, your obedient servant,

A CONSTANT SUBSCRIBER.
Edinburgh, July 18, 1843.

MEDICINAL USE OF ELDERBERRY WINE.

To the Editor of THE LANCET.

SIR,—One or two articles, extracted from foreign journals, having recently appeared in THE LANCET on the medicinal agency of certain products of the alder, I trust you will not consider the fact unworthy of notice that, in our rural district, a decoction of the flowers, either fresh or dried, is constantly used by the country people under the name of elder-flower tea, in various chronic cases of sub-acute inflammation; and the wine, as it is termed, prepared from the berry, is also in great repute for sanatory purposes. As generally managed, however, the latter is too highly spiced; for the hectic invalid it should merely have its flavour improved by adding a little infusion of ginger; and when warmed, the alcohol, originally requisite for its preservation, can easily be *burned out* by applying a bit of lighted paper to the surface, before the ebullition has subsided. In this way I think it probable it would sometimes, with a little dry toast or a biscuit, prove a grateful addition, at supper time, to the dietary of the consumptive subject, who at once requires his strength to be sustained and inflammatory action of the system to be kept under control. If found palatable, it would certainly be persevered in with much more cheerful diligence than any remedy solely medicinal.

So much, not only of a patient's comfort and hopes of recovery, but of the responsibility and repute of his professional adviser, must depend on a well-regulated regimen, that such apparent trifles often deserve more consideration than they, at first, would seem to merit. Of this, at least, I am fully satisfied, that strong ale and porter, and meat and oyster suppers, although sometimes advantageous, frequently prove very injurious, by overloading weak stomachs, and thus at once deranging the functions of the chylopoietic viscera, and disturbing that sleep which is tired nature's best and most balmy restorer. To an illiterate Negro we are said to be indebted for our knowledge of quassia; to an ignorant savage, for our acquaintance with the Peruvian bark; and to a dreaming alchemist for our discovery of the virtues of calomel. And with all their countless mistakes and misapprehensions, the peasantry of our own and other countries are still not wholly undeserving of the notice of practical men, as, by whatsoever means acquired, they often possess a practical acquaintance with familiar objects around them not always to be gained from books. The dew-berry of Shakspeare, which has utterly confounded so many learned critics and commentators, is still as well known, by the very same appellation, to the Warwickshire rustic as in those days when the Bard of Avon described the fairy revels of his "Midsummer Night's Dream." I have the honour to be, Sir, your obedient servant,

J. A. WALKER, Lieut. H.P.,
34th Regt.

Cliff House, Torquay,
July 5, 1843.

QUEEN'S COLLEGE, BIRMINGHAM.

To the Editor.—Sir: Will you oblige the council of the Queen's College, Birmingham, by the insertion of the following paragraphs in THE LANCET? Your's obediently,

WILLIAM SANDS COX.

Temple-row, Birmingham,
July 23, 1843.

Her Majesty has been graciously pleased to grant a royal charter of incorporation to the School of Medicine and Surgery at Birmingham, with the privileges, immunities, rank, and title of the "Queen's College, Birmingham." Her Majesty has been graciously pleased to nominate—

The Rev. Samuel Wilson Warneford, of Bourton-on-the-Hill, Gloucestershire, the first visitor.

Dr. Edward Johnstone, of Edgbaston-hall, Warwickshire, first principal of the said society.

The Rev. James Thomas Law, chancellor of the diocese of Lichfield, the first vice-principal.

John Edwards Piercy, Esq., justice of the peace, Staffordshire, treasurer.

William Sands Cox, F.R.S.L., senior surgeon of the Queen's Hospital, dean of the faculty.

Who, together with the following gentlemen, are appointed to form the first council, viz.:—William Penn Curzon Howe, Earl Howe; George William Lyttleton, Lord Lyttleton; John Kaye Booth, M.D., hon. physician of the Queen's Hospital; Edward Townsend Cox, senior surgeon of the Town Infirmary; the Rev. Egerton Bagot; the Rev. Vaughan Thomas, clerk, of Corpus Christi College, Oxford; James Taylor, Esq., Worcestershire; Joseph Webster, Esq., Warwickshire; Richard Wood, senior surgeon of the General Hospital, Birmingham; Thomas Upple, Esq., merchant; Dr. James Johnstone, senior physician of the General Hospital, Birmingham, professor of materia medica; and Dr. John Birt Davies, senior physician of the Queen's Hospital, Birmingham, professor of forensic medicine.

*** We suppose it is useless to inquire whether the charter contains any provisions or directions which are calculated to secure a sound mode of election in the future appointments to the offices of tuition in the new college; for, without express ordinances to that effect, the institution may very soon become distinguished as a theatre of the rankest jobs in medical professorships.

ACUTE RHEUMATISM CURED IN TWO DAYS BY SULPHATE OF QUININE IN LARGE DOSES.

A PATIENT, thirty-five years of age, of slender make, pale complexion, and lymphatico-nervous temperament, entered the Hôpital Cochin on the 9th Oct. last. His countenance expressed anxiety; tongue and skin moist; anorexia; sounds of the heart so much confused that it was impossible to distinguish them; pain on pressure about the right olecranon; swelling, tenderness, and redness in the joints of the right elbow, hand and knee; acute pains in the right knee and hip-joint; incapability of motion without pain; sleeplessness, &c. Ordered a drachm and a half of sulphate of quinine in an acidulated mixture, to be taken by tablespoonful doses in the course of twelve hours. Next day there was buzzing in the ears, some disturbance of sight, vomiting and nausea on taking the medicine. "The first sound of the heart was, however, now distinguished over all the præcordial region as a strong and prolonged bellows-sound (*bruit de soufflet*), and along the aorta the two sounds are distinguishable in a minor degree; pulse full and 100." The pain had disappeared from the olecranon, and it had greatly diminished, with all the other signs of inflammation, in the right shoulder and thumb, left hand, &c. The hip and ankle-joints had resumed their healthy state; the knee is still swollen. Continue the doses. On the following day all the joints had returned to their normal condition; motion was everywhere free and without pain; but there were still strong buzzings in the ears; giddiness; great dilatation of the pupil with incapacity to contract; nearly a loss of sight, perturbation; trembling of the limbs; cold surface (*peau fraîche*); pulse at 90. Notwithstanding all this disturbance of the cerebral functions the patient ate with an appetite, and felt generally as if in health! The quinine was suspended for a few hours, and when the practitioner (M. Monneret) visited his patient in the evening of the same day, "all the foregoing symptoms were dissipated, the buzzings in the ears had ceased, and vision was restored. In the night seven or eight stools were passed without colic pains."

We presume that at this period the patient was supposed to be cured; yet three days afterwards pains were again felt in the shoulder, for which a mixture with a drachm of sulphate was ordered to be taken as before. The buzzings and vertigo now returned, with vomiting in addition, and coincidentally with these the inflammatory symptoms subsided, but only to return in some degree on the diminution of the doses. At length, however, in two days more, no pain was present, the bellows-sound of the heart was much less, and the abnormal sounds in the aorta were extinct. By a week afterwards the patient had left the hospital with a pulse at 80, and no painful inflammatory or other morbid symptoms.—*Gazette des Hôpitaux.*

It would appear that the sulphate of quinine, in large doses, acts in subduing rheumatism only by setting up a new and great disturbance in the nervous system (*intoxication de l'economie*), and that in proportion as this disturbance is removed the disease is apt to return. If we determine to combat the latter by these means, therefore, we must hold ourselves prepared for all the injurious results to the great nervous centres which large doses of quinine are calculated to produce. It may easily be imagined that such doses would be extremely ill-suited to individuals of an irritable or nervous temperament, and the above case may be considered an accidental exception in favour of the plan of treatment adopted, its termination being much more fortunate than could have been anticipated from its employment in a constitution such as the one described. Our continental brethren have, indeed, been so impressed with the dangers liable to be provoked by this plan of treatment, that although M. Briquet's procedure caused much sensation and some imitation among the physicians of the Parisian hospitals at the time it was first promulgated (see the last vol. of THE LANCET, p. 580), we believe that the adoption of large doses of sulphate of quinine for rheumatic affections has now been pretty generally abandoned.

STATISTICS OF DEFORMITY. — At the Children's Hospital (Hôpital des Enfants), Paris, of 1394 cases of spinal and other deformities received within a period not stated, 377 resulted in complete cure and 296 in improvement, while cases not benefited were 77 and deaths 25, leaving 619 remaining under treatment a few weeks since. Of strabismus there had been 155 cases, of which 100 had been cured and 8 benefited; of spinal deviation 155 cases—24 completely cured, 28 benefited, 4 not improved, and 1 death, leaving 98 under treatment; of tuberculous bony disease, 112 cases—4 cured, 46 benefited, and the same number not improved; rachitic deformity, 314 cases—66 cured, 36 improved, 2 deceased, and 210 not treated or under treatment. Congenital luxation of the femur, 38 cases—2 cures, 1 without improvement, 35 under treatment; deformities of the knees, 260—53 cured, 72 improved, 9 without benefit, 5 deaths, 124 remaining in the hospital; club-foot 137—61 cured, 49 improved, 6 without improvement, 7 deaths, 34 in the hospital.—*Gazette Medicale.*

HYPERTROPHY OF THE HEART

AND CLOSE ADHERENCE TO THE PERICARDIUM.

A German soldier, remarked by the regimental surgeon for the quickness of his pulse, yet blanched complexion, was affected in Nov. 1840, with œdema of the right foot, lassitude, and afterwards catarrh, for which he was sent to the hospital. Here he remained for several weeks, as, after the catarrh had been got rid of, the great rapidity of his pulse, which beat at least 120 times per minute, caused a suspicion of organic disease. On auscultation a mucous rattle was perceptible at many points in the chest, and the pulsations of the heart, though of little force, were heard over a large extent of surface, and even on the right side of the thorax. The second sound of the heart was indistinguishable. Percussion gave a dull sound above and below the fifth rib on both the left and right side; but the patient manifested few of the symptoms present in hypertrophy. He could lie horizontally without difficulty, had no tendency to syncope, nor any of that pulsation and enlargement of the jugular veins common in the case of dilatation of the right cavities of the heart. The absence of dyspnœa, also, seemed to negative the probablity of hydrothorax; and the normal (though feeble) character of the respiration implied no presence of tuberculous disease. The cough, however, returned; the surface of the body became heated; and a few weeks afterwards, with an aggravation of these symptoms, œdema set in, which augmented into general dropsy, and destroyed the patient in April 1841.

At the autopsy the pleuræ were found filled with serum, and the lungs, particularly the right, closely connected with them by old adhesions. The lungs were little diseased. The heart and pericardium were found at all points so intimately adherent that they could be separated only by much force; and they had acquired an enormous development. The pericardium consisted of a solid and resisting membrane, at least three lines in thickness, and of an aspect almost muscular. The heart and large vessels, though enlarged, presented no deviation from the normal type. The bronchial glands, much increased in size, contained tuberculous matter; one of them was as large as a pullet's egg, and in a softened condition. In the progress of the treatment it was elicited that the patient had, several years before, received a violent blow on the thorax from a falling tree, which had caused a long illness at the time, and which had probably been the main exciting cause of the morbid condition from which he died.—*Medicinische Zeitung.*

HOPITAL DES ENFANS, PARIS.

MYELITIS, WITH SOFTENING OF THE SPINAL CORD.—DEATH AND AUTOPSY.—CLINICAL REMARKS.

A boy, fourteen years of age, was brought to the Hôpital des Enfans, Paris, in May last. He had been of a good constitution, temperament sanguine; his occupation that of a porter. Five days previously he had borne on his head a pack of linen stuffs much too heavy for him, and wishing to relieve himself of it for a time, he had thrown back his head to let it fall; but the cord with which the pack was tied having caught his forehead, the weight of the pack in falling gave his head a violent jerk backwards, causing a sharp pain in the cervical region. Next day the boy felt a general weariness and illness, intense headach, &c., compelling him to keep his bed, and on the day following, an unusual stiffness was felt along the spine, the head was thrown strongly backwards, and there were convulsive movements, headach, lassitude, dizziness, vomiting after meals, &c. In the night great agitation and sleeplessness were present, and on the 10th he was sent to the hospital.

At this time the vertebral column was stiff and incapable of any motion; the head incapable of being bent forward; but no trismus, deglutition being only a little inconvenient. Intelligence perfect; pulse natural, and about 80; temperature of surface much as usual; extremities rather cool than heated. Ordered fifteen leeches to the side and back of the neck; purgative lavement; low diet.

Next night much agitation and loquacious delirium; little thirst or hunger; in other respects the same. Continue the treatment.

On the 12th the extremities were less cool; pulse strong, and 96; intelligence unaffected; other symptoms the same. Three stools followed the lavement.

By the 14th the condition of the patient had little altered, but the head seems to be more rigidly kept back than before, at the same time that the movements of the trunk are more readily recalled. Ordered vapour-douches, and frictions over the spine and neck with an antispasmodic liniment. Leeches were also applied next day.

On the 16th the pulse ranged from 72 to 76; constant pain at the nape of the neck, to which a blister was ordered.

17th. Pulse 96; much restlessness in the previous night from the action of the blister.

For several ensuing days the condition of the patient underwent little alteration. No stools had been passed for two days, when on the 21st the daily administration of three grains of protochloride of mercury was begun. This was continued for several days, and caused abundant purging; meanwhile only a slight general benefit was perceptible.

On the 25th the agitation and pains at the back of the head began to increase and become continual; the pulse rose to above 100; and after progressive aggravation of the various symptoms the patient died early in June.

The post-mortem examination showed a softening of the spinal cord from the level of the occipital foramen, for an inch and a half downwards. "The pia mater having been removed the medullary substance was found converted into a mass like *boullie*, a soft pulp, which broke down under the slightest pressure. Above and below, the nervous substance preserved its normal consistence, though appearing somewhat injected and interspersed with red points."

In his clinical remarks on this case, M. Guersant, sen., observed, "Most of the cases of ramollissement of the spinal cord hitherto mentioned by authors, have been due to predisposing causes, such as age, constitution, previous disease, &c.; we have seldom seen it come on so suddenly in consequence of an injury. One authority goes so far as to say, 'Except a case in which a hasty transition from a warm to a cold atmosphere appears to have brought on the disease, we have never seen it in children caused obviously by a blow, a fall, or a wound; and, indeed, no such cause as external injury has been adequate to produce the disease in cases in which it has marched the most rapidly to its termination.' That this opinion is erroneous the case detailed seems to prove. It would be difficult to find a case of softening of the spinal marrow which had passed much more rapidly to its termination; and the fact of its having been caused by external injury stands without a doubt. Some authors had stated that acute myelitis, with softening, &c., occasionally ran its course in a few days. This is rare,—most commonly the disease lasts for many weeks."

WATER-BRASH.—A girl, twelve years old, and born of poor parents, became subject, without appreciable cause, to a vomiting of fluid every two or three days. She did not suffer from thirst, and intentionally drank but little; but the discharge of water from the stomach was very considerable. Paleness, feebleness, and constipation, were the chief accompanying symptoms, which were successfully combated by the infusion of quassia, prussic acid, and carbonate of potass, internally, and camphorated and sedative external applications to the epigastric region.—*Med. Zeitung.*

M. RICORD prescribes the following ointment for a variety of squamous diseases, including pityriasis, ichthyosis, lichen, lepra both common and syphilitic, &c.:—℞ *Sulphur ointment*, an ounce; *turbith mineral*, fifteen grains; *tar*, a drachm; mix. It is to be lightly smeared over the affected surface twice daily.

TREATMENT OF BURNS.

M. LISFRANC's favourite application to these lesions, in their early stage, is chloride of sodium. His reasons are that in a very short time after its application the local pain diminishes or ceases altogether (a very important advantage in the treatment of burns), and that it is a most powerful agent in promoting resolution, tending to insure healing of the less severe burns sooner than any other means. When the inflammatory stage has ceased, however, the salt must be dispensed with, as useless or hurtful; nor is it applicable when the eschars have fallen, as it is found to hinder the process of granulation. Chloride of sodium, says Lisfranc, will subdue the inflammatory symptoms in burns of the first degree (that is, confined to simple rubefaction and elevation of the surface) in from twenty-four to forty-eight hours. In burns of the second or third degree (attended with serous and sanguineo-purulent effusion, or deep ulceration, with loss of substance), from five to eight days must elapse for a like result; but the same effect will not be produced by the use of other applications in less than a fortnight or three weeks.

M. Lisfranc recommends that the chloride should be employed in solution of a medium strength. It must not be applied immediately to the abraded surface, but by large dossils of charpie impregnated with the solution and laid over lint lightly covered with common cerate, so that the layer immediately contiguous to the surface may only imbibe the solution by degrees. Change the dressings always once daily. Lisfranc says, "The first time I had recourse to this remedy was when the explosion at Vitry took place, by which many individuals were burnt in *nearly the whole surface of the body*. Accordingly, these persons, after a few minutes of much agony, fell into that state of coma and insensibility which usually announces dissolution. Feeling that desperate remedies were demanded, I tried the use of chloride of sodium, and *nearly all the patients speedily recovered!* Since then I have never ceased to employ this application to burns."—*Clinique at the Hopital de la Pitié.*

SECRETION OF BILE.

PROFESSOR BOUISSON, of Montpellier, asserts, in opposition to Bichat, that *slow* asphyxia considerably augments instead of diminishing the biliary secretion, by producing congestion in the liver. And, independent of its increase in quantity, the bile so produced becomes both darker and thicker, results adequately accounted for by the more fully carbonised state than natural of the circulating fluid from which the secretion is derived.

NEWS OF THE WEEK.

THE following resolution was carried at the last meeting of the committee of governors of Bethlem Hospital:—"For the appointment of a sub-committee to confer with the physicians, and otherwise inquire how far it will be expedient to make any and what alterations in the present regulations respecting the attendance of medical pupils at Bethlem Hospital, and report their opinion thereon to the general committee." This is a movement which we hear is likely to be progressive, some of the governors being determined never to relax their efforts until the wards of this hospital are open to students for the purpose of studying mental diseases.

COLD WATER.—An advertisement in the daily papers announces that the cold water system may be applied with "modifications at home." The party advertising may be consulted daily. It is reported that consultation-rooms are open at the New River-Head, the offices of the West Middlesex, the Grand Junction, and other water-works.

THE collegial triennial prize of fifty guineas, of the Royal College of Surgeons, was, on Tuesday last, awarded to Dr. Thomas Williams, of Guy's Hospital, for an essay "On the Structure and Function of the Lungs." Dr. WILLIAMS's investigations extend from the first appearance of the lungs in vertebrate animals to their fullest development in man. The essay, which bears the stamp of much labour and originality, will, we believe, be published at the request of the council.

THE presentation of the "Brodie Medal" is to take place on Thursday, the 3rd of August, chairman, Sir Charles Clarke.

PROFESSOR JOHNSTON, of Durham University, has been selected from ten candidates, by a committee of the Highland Society and of the Lothian agriculturists, to fill the office of "Agricultural Chemist," at a salary of 500*l.* a-year, guaranteed for five years. The duties to be discharged personally during eight months of the year, and four months by deputy.

THE honourable Tancred Trustees, at Lincoln's-inn, have recently elected Mr. Augustus Drake, late pupil at the Norwich and Norfolk Hospital, to one of the Tancred medical studentships at Gonville and Caius College, Cambridge.

THE deaths in the metropolis continued to diminish during the week ending July 15, as compared with preceding weeks,—the total number of deaths having been 757, or 91 below the weekly average during the five past summers. The decrease was principally in diseases of the brain and nervous system, 106 fatal cases (in the week before 149); of the heart and large vessels, 30 cases (24 in the week before); of organic diseases, including dropsy, carcinoma, causes of sudden death, &c., 74 fatal cases (93 in the week before); and of deaths by violence, privation, or intemperance, of which only 12 were registered, though 36 in the week before. The increase was chiefly in fatal cases of disease of the organs of digestion (76 instead of 68), particularly in respect of mesenteric disease; and of deaths from natural decay (increase from 46 to 57 cases, as compared with the previous week). A slight increase was perceptible in respect of fatal diseases of the lungs, &c., and epidemics,—the former amounting to 216, and the latter to 167 cases. As compared with the previous week scarlatina and hooping-cough had decreased by 2 cases each, the deaths from the former having been 30, and from the latter disease 34, in the week ending July 15. Measles remained stationary (28 deaths); small-pox had experienced an increase from 5 (in the week before) to 6 fatal cases.

MR. GUTHRIE has addressed a letter to the editor of the "Medical Gazette," in which he states that "no accident or evil whatever occurred in the 1474 operations for strabismus," performed by him at the Royal Westminster Ophthalmic Hospital, and that when the operation is done after the manner he has directed he does not believe they will ever occur.

THE college system (see ante, p. 625) is about to be introduced in the Medical School of Birmingham. The council calculates on providing for the board, lodging, and tutelary care of thirty students, at a sum under 50*l.* per annum each. The management will be vested in the hands of the warden, a clergyman, who will be supplied with a residence in the collegiate building, now nearly completed. Dinner will be provided in the common hall, and for other meals commons will be dispensed. In virtue of their benefactions, the Earls of Stamford and Warrington, Dartmouth, Bradford, and Howe, Lord Calthorpe, the Rev. Chancellor Law, the Rev. Vaughan Thomas, will enjoy annually the privilege of nominating a scholar, who will have preference of chambers, with diminution of rent. —*Aris's Birmingham Gazette.*

THE newspapers say that a person has proposed to form an iron balloon, of two thousand one hundred and twenty-two tons weight, which, having the air exhausted from it, would, he says, rise from the earth with the velocity of an arrow! The substance of this shell would be about five pounds to the square foot. Even were we able to exhaust entirely such an apparatus, the pressure of the atmosphere upon its ex-

ternal surface would inevitably cause it to collapse, as may be seen in a well-managed experiment shown at the Polytechnic Institution in Regent-street. The pressure of the atmosphere at the level of the sea is fifteen pounds upon every square inch, while the resistance is to be five pounds throughout a square foot! The newspapers will print anything for the *gobe mouches*.

The Provincial Medical and Surgical Association held its seventh anniversary on the 29th of June at Newton, W. J. Wilson, Esq., of Manchester, in the chair. Members attended from Liverpool, Manchester, Warrington, Bolton, St. Helens, &c. Mr. Turner, of Manchester, read the report of a case of injury to the skull, illustrated by drawings; and Mr. Goodlad detailed another, similarly illustrated, of a pendulous tumour of an enormous size originating in the spermatic cord, and reaching from above the anterior superior spinous process of the ilium downward to the knees. On dissection, after death, the testis was found flattened at the back of the tumour, with its structure uninjured, and no trace of disease was discoverable in any other organ or in any other texture. Mr. Wilson mentioned the case of a patient in whom fungous disease of the orbit had existed, but quite isolated, and not communicating with the brain; and, on inspection after death, no other trace of fungoid disease was found in any texture of the body. Moreover, an additional deposit of bone lined the whole orbit, forming a further barrier to the extension of the disease. He afterwards read a communication entitled "An attempt to discriminate those cases of Cancer in the Female Breast in which an operation affords a fair prospect of success, and those in which no operation is advisable." It appeared from tables by Boyer and Delpech, and also from minutes of cases occurring in the practice of the author, &c., in two hundred instances, at all ages, and under all circumstances, the average duration of life, after operation, did not exceed two years.

The author attempted to class cases of cancer in the female breast as follows:—1st. Scirrhous cancer in the child-bearing female, from about the thirty-fifth to the fiftieth year. 2nd. In the virgin woman, from forty-five to fifty years, or the married woman who has never had children. 3rd. Senile carcinoma, the subjects varying in age from sixty-five to eighty.

With respect to the first class of cases the author thinks that, provided the disease is well defined, and consists of a circumscribed tumour, embedded in surrounding healthy parts, where there is no retraction of the nipple or integumental adhesion, an early operation is advisable, and is occasionally of permanent benefit; but he gives a caution relative to a possible mistake, for cancer, of deep submammary abscess.

The second class of cases appears to the author the least manageable, and the uncertainty of an operation, in all cases considerable, is here much greater.

The third and last division, termed by the author cases of senile carcinoma, presents cases which rarely appear to be the legitimate objects of operation. Mr. Wilson, however, states that he believes to have seen the progress of cancer retarded and even suspended for years by the use of taraxacum.

Mr. Dicken, of Middleton, related the following case:—A boy, eight and a half years old, found a cast-iron bell-shaped button, which he placed in his mouth, and, during the act of leaping, the body passed into the trachea; immediate and evident temporary suffocation ensued, which recurred at intervals. Mr. Dicken resorted to various methods for relieving the patient, without effect, and at length he determined upon opening the trachea, having, in the mean time, had a pair of forceps of peculiar description constructed. He found that the first few times the forceps were introduced through the wound made into the trachea, the convulsive efforts of coughing were immediately brought on, but after a while they entirely subsided, and he was enabled, successfully, to extract the button, after it had been lodged in the right bronchus thirteen days.—*Prov. Med. Journal.*

Mr. Rhind, of Edinburgh, proposes the employment of gum-arabic to scalds and burns. When the skin is not destroyed the parts affected are to be repeatedly smeared over with a solution of gum, which does not cool down the system by sudden abstraction of heat, nor preclude exposure to moderately cool air. The solution should be extemporaneously prepared, and may be applied at a temperature of 96° or under, the skin having been previously cleansed of all oily matters. Gum has a wonderful effect in allaying inflammable irritation of the skin, but little is yet known of its *modus operandi*. Mr. Rhind, however, says,—

"From some experiments that I instituted some years ago, regarding the influence of oxygen on inflamed tissues and vessels, I am inclined to think that the exclusion of atmospheric air influences very much inflammatory action, and in this way perhaps the gum solution checks the inflammation of the skin in burns. Inflammation caused by touching the skin with nitrous acid and other irritants, appears to be suddenly allayed by a solution of gum-arabic; erysipelatous spots on the skin seemed also, in some trials, influenced by this application. And I may here suggest that it might be tried in the first stages of the pustules of small-pox, especially those of the face, with a view to modify their development, and prevent pitting."

One of the French journals "wholesales" the scandal that the president of the Faculty

of Medicine in France, at a late examination, had not put a single question to the candidates undergoing inquiry, and at the end was forced to be told by his fellow-examiners what coloured ball he ought to put into the ballot-box, he himself having been absorbed all the time by a volume of EUGENE SUE'S "Mysteres de Paris." This is, however, only on a par with what has often happened at Lincoln's-inn-fields, where on slack evenings some of the *examiners* have enjoyed a nap, until, in the words of a deceased member of the "honourable court," they were "roused up by the clink of the money." *Apropos* of the first-named circumstance, the abstraction of the professor was little excusable if it were due to admiring the delineation of medical character in that same "Mysteres de Paris." Eugene Sue has there introduced a Dr. GRIFFON (like his nominal prototype, a fabulous animal we trust), who in the exercise of his profession thinks less of the pleasure of alleviating disease than that of contemplating its ravages. A beautiful ulcer, a destructive cancer, or a comminuted fracture, are to him inexpressible treats; and he talks of a fever characterised by stupor, delirium, *subsultus tendinum*, and syncope, combined with an occasional paralytic attack (!!) as a complication which "one has not the happiness to see twice in his life,"—an opinion in which we cordially agree. But the wildest exaggeration of character and circumstances is plentiful enough in the French novels, and Dr. GRIFFON himself does not, therefore, take us by surprise. We may, as the journal quoted remarks, occasionally see a lurking but disgusting admiration of the *disease* with a carelessness for the *patient* among thoughtless students, which by-the-by a writer,—we believe in "Blackwood,"—has drawn abominably prominent.

THE Paris paper, the *Univers*, of the 23rd inst., publishes an account of two medical miracles recently accomplished at Rome, by an image of the Madonna. A man, with every bone in his legs broken, and long bearing himself about on crutches, after praying for a considerable time to the virgin, said she *must* be a hard-hearted virgin if she did not enable him to go home without his crutches, at the same time casting those useful implements at her feet. He was instantly cured, says the paper, and the people *carried him home* in triumph. A girl, born paralysed in the legs, did the same, but she, more wonderfully, *walked home*. To enable the compassionate statue to become a more holy physician, it was removed from the street, where it stood, into a church, where crowds go daily to see new cures. The *Univers* gives all this seriously; for it is the journal of the priesthood, who believe that it will be credited. Were a "Virgin" set up in England, and first *mesmerised*, many persons would be readily found to play the part both of priests and believers, whenever it was set to work to do things which are out of the course of nature.

On dit in a French journal that M. BAILLIERE is about to publish a new and revised edition of the "Organon" of Hahnemann. We presume that he means, agreeably to the old proverb, to strike while the iron is hot, and catch buyers ere the farce of homœopathy is forgotten, and its literature comes to be bought as a curiosity instead of a rule of faith.

M. MAYOR, of Lausanne, well known by his comprehensive little work on bandaging, has invented a new apparatus for removing *without pain*, as it is said, any member of the body. This *ne plus ultra* in surgery is an enormous pair of shears, capable of cutting through muscle, bone, and all, and of taking off a thigh as easily as a cow would nip through a carrot. One blade of the instrument is concave, the other convex; it is, therefore, like both a scythe and a sabre. It was necessary with a new instrument to have a new name for the operation in which it is employed, and this is accordingly called tachytomy. Had Loo's tumour been guillotined with this instrument *might* he not have been alive now? True, M. MAYOR, he might not.

ANOTHER great light of mysticism has become extinct in Madlle. Le Normand, who died in Paris, within about a week of the death of Hahnemann. Chiromancy and homœopathy have each lost their great apostles. Madlle. Le Normand had read the characters and fate of Robespierre, Danton, Napoleon, Josephine, Fouché, &c., with great precision; but was not so successful with respect to her own. She had predicted that she should live to be 100; but, like Paracelsus, she far undershot her mark: she died at 72, which, for a sorceress, is in the prime of life.

ROYAL COLLEGE OF SURGEONS LONDON.

LIST of gentlemen admitted members on Friday, July 21, 1843:—T. Cattell, J. C. Harper, G. M. Henning, H. F. Williams, P. P. Ransom, T. L. Philipps, A. Markwick, R. D. Walker, J. L. Milton.

*** The name, "J. F. Tegan," in the list last week, page 600, should have been *J. F. Fegan*.

BOOKS RECEIVED.

A Medical Visit to Graefenberg, in April and May, 1843, to investigate the Merits of the Water-cure Treatment. By Sir Charles Scudamore, M.D., F.R.S. London: J. Churchill, 1843. 8vo, pp. 105.

The Twenty-third Annual Report of the Directors of the Dundee Royal Asylum for Lunatics, 1843.

CORRESPONDENTS.

The correspondent who addresses us from 54, Harley-place, is informed that we have received two letters on the same subject perfectly opposite in description to his own. Indeed, we believe the proceedings to be nothing more than common-place frauds, having already fully tested many experiments of precisely the same character and discovered them to deserve no other name than that which we now give to the entire class.

We have received *Mr. W. Bland's* pamphlet on the Suppression of Spontaneous Combustion in Wool Ships, printed at Sydney.

We would publish the letter of *A Pupil*, but consider such complaints as it contains to be useless unless the party complained of is named in print, with evidence of the fact alleged against him; because the general statement of *A Pupil* is as easily denied as made. The remedy, however, for the evil is not to be found in print at the end of a season, but by personal and careful inquiry into the competency of "the professor" at the commencement, before paying the fee.

Our correspondent at *M.* says that W. B. is practising medically without possessing any legal qualification to do so. He adds that the Apothecaries' Company would prosecute W. B., but cannot obtain legal evidence that he is acting as an apothecary. What defence, then, would a journalist have, if prosecuted for libel in publishing the allegation? We could not print the letter (though authenticated) without a satisfactory answer to this question, and that we fear cannot be supplied. Of one thing our correspondent may be assured, viz., that the "bill" to which he alludes will supply no remedy for "the nuisance."

To the Editor.—Sir: In Fowler's "Three Years in Persia" (1841, vol. ii., page 5) I find the following assertion:—"I have been assured by an English doctor that if the tongue be cut out at the root there is no impediment to speech; but if the tip only be cut it is fatal to further talk." I should feel obliged by your informing me if the above assertion respecting the partial and total loss of the tongue is borne out by fact. Believe me, Sir, your humble servant,

PHILALETHES.

*** Will some gentleman without a tongue be so good as to answer this question in his loudest voice. We fear that a tongueless man would stand a bad chance for the office of town-crier, even at Coventry.

Sir,—In the treatment of irreducible herniæ considerable stress is laid, by a few among the *leaders* of the surgical profession, on the range of temperature that a patient should be exposed to when immersed in the bath. They state that *under no circumstance whatever* should the heat exceed 104 or 105° (gradually induced from 98°); and, moreover, that serious and irreparable consequences have resulted from non-adherence to that dictum. By allowing the expression in your valuable Journal of some opinions on the subject, with reference to works which take it particularly into consideration, an important point might be settled in the minds of many persons, as well as that of your obedient servant,—STUDENS INCREDULUS.

The medical public would not take the least interest in the details and explanations contained in the letter inclosed to us by *Mr. James E.*, or the letter should have insertion in our columns. We doubt if half a dozen members of the whole profession even know that Dr. M. and Mr. J. are persons having a bodily existence. Mr. E. may have the letter of Mr. G. S. A. again, if he desires it, on application at the Lancet-office.

We have desired our publisher to ascertain if the request of *Mr. Foulkes* can be satisfied.

A Subscriber.—The circumstances were, in each instance, caused by the party named, or otherwise was placed beyond the control of the Editor, and will never be permitted to occur again.

If any portion of the red communication of *Mr. C.* proves to be misprinted, its author must ascribe the errors to the very improper fluid in which it was written. The pages were sealed by it face to face.

We have received and examined with pleasure the report in the *Ipswich Express* of the lecture delivered at the Stowmarket Mechanics' Institution, on Friday Evening last, by Dr. Bedingfield, president. The subject of the lecture was "The Mechanism of the Bones of the Skeleton in connection with the Organs of Sense."

D. T. L.—The case is not stated at sufficient length to allow us to answer the question. The statute of Edward IV. brings all sudden deaths within the jurisdiction of the coroner.

The purposes of this journal do not admit of the letter of *Mr. Wm. C. Smith* appearing in its columns.

Whoever employed *A Young Surgeon* to examine the patient and attest his condition is debtor to the surgeon for the labour performed, unless he were acting under a contract, which would nullify his demand. Half-a-guinea for the examination is a very moderate sum.

The gentleman who referred the life-office to *P. Z.* (Cambridge), owes to *P. Z.* the fee. The fee which the office paid to "the physician" was for another service.

Note.—If our worthy correspondent, Dr. Reiersen (ante, p. 624) will turn to p. 664, of our last vol., he will see that M. Pelouze has proved the *hydro-ferrocyanate of quinine* to be a spurious chemical combination.